



**NIUHI DIVE CHARTERS, LLC**

DBA Niuhi Dive Charters

**Captain Andrew F. Ross,**  
USCG Licensed and Insured

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### DIVER'S RELEASE OF LIABILITY

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Alert Information \_\_\_\_\_

*\*If taking any medication, or if you have a medical condition that could affect your diving, you should consult a doctor.*

Trip Date \_\_\_\_\_ Time \_\_\_\_\_

1. I UNDERSTAND THE SIGNING OF THIS DOCUMENT IS TO EXEMPT AND RELEASE NIUHI DIVE CHARTERS OR NIUHI DIVE CHARTERS, LLC AND ITS' OWNER ANDY ROSS, CAPTAINS, EMPLOYEES, AGENTS, AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE.
2. I understand scuba diving has inherent risks and dangers associated therewith, including but not limited to risks associated with equipment failure, perils of the sea and acts of fellow divers and I specifically assume such risk.
3. I acknowledge that I am a certified diver trained in safe diving practice and have practiced my diving skill within the last year. If I am a student diver I certify that I am diving under the direct supervision of an instructor.
4. I will inspect all of my equipment prior to leaving the dock and will notify Niuhi Dive Charters if any of my equipment is not functioning properly. I will not hold those named in paragraph 1 above responsible for my failure to inspect my equipment prior to diving.
5. I acknowledge that I am physically fit to scuba dive or snorkel and I will not hold those named in paragraph 1 above responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which occur while diving and/or snorkeling.
6. I will be present at and attentive to the safety briefing given by the boat Dive Master or Captain and if there is anything that I do not understand or have been taught differently I will notify the Captain immediately. I understand I have a duty to exercise reasonable care for my own safety and agree to do so. I will remain with my buddy at all times.
7. I will immediately stop my dive if a. I feel uncomfortable with my diving abilities, and/orb. Diving conditions are worse than I have been trained or for which I have experience.
8. I will inflate my buoyancy system any time I am on the surface even if just for a few moments.
9. I shall use my own dive equipment including the use of time and depth equipment with dive tables or dive computer to calculate proper decompression limits used to dive safety. Should I use any other equipment loaned by the boat or other employees I will assume the risk of use and I will not hold those named in paragraph 1 above responsible if accidents occur.

10. At no less than 1,000 PSI, I will safely return to the surface with my buddy and determine the location of the boat. I will arrive on board the boat with a minimum of 500 PSI still remaining in my tank on each dive.

11. I am competent in self-rescue techniques and in giving aid to my buddy

12. If I become distressed on the surface, I will immediately drop my weight belt and inflate my B.C. for permanent flotation assistance.

13. I am aware of the dangers of holding my breath while diving or free diving and the dangers of rapid ascents and I will not hold those named in paragraph 1 above responsible if I am injured doing so.

14. I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and treatment will be delayed until I can be transported to a proper medical care facility.

15. I do not have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications that would contraindicate diving.

16. Niuhi Dive Charters has made no representation to me, implied or otherwise, that they or their crew can or will perform safe rescue or render first aid. In the event rescue or first aid is rendered, I will hold neither Niuhi Dive Charters, nor Niuhi Dive Charters, LLC their officers, agents, instructors, servants and employees, responsible for their actions in attempting the performance of a rescue or first aid.

17. I also fully understand the dangers involved with the specialty diving activity of spear fishing and I will not hold those named in paragraph 1 above responsible if I am injured while participating in this specialty diving activity.

18. I understand that spear fishing is an inherently dangerous activity and that injury or death could occur as a result of rapid ascent, entanglement, equipment failure and other perils of the sea, and I will not hold those named in paragraph 1 above responsible if I am participating in this activity.

19. I understand that being on a boat has inherent risks and that rocking, bouncing and unstable footing can occur that can cause injury as a result of slips and falls. I shall hold on or stay seated when conditions occur that will result in these possibly dangerous situations

IT IS MY INTENTION BY THIS DOCUMENT TO GIVE UP MY RIGHT TO SUE ALL <sup>(L)</sup><sub>(SEP)</sub> PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELEASE NIUHI DIVE CHARTERS OR NIUHI DIVE CHARTERS, LLC ITS OWNERS, CAPTAINS, EMPLOYEES, AGENTS, AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE, OR IN ANY WAY ARISING FROM MY PARTICIPATION IN SAID TRIPS AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING AND SCUBA DIVING ACTIVITIES. I HAVE READ THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREINABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND PERSONAL REPRESENTATIVE.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Certification # \_\_\_\_\_ Certification Agency \_\_\_\_\_

# of Dives \_\_\_\_\_ Date of Last Dive \_\_\_\_\_

How did you hear about us? \_\_\_\_\_