



Last Name: _____ First Name: _____

Home Address: _____

Telephone: (____) _____ - _____ E-Mail Address: _____

Hotel/Ship: _____ Room/Cabin: _____

Certification Level: _____ Last Dive (MM/YYYY): ____/____

Open Water Experience: Y / N (circle the one that applies)

Emergency Contact Information: _____

LIABILITY RELEASE AND ASSUMPTION OF LIABILITY

I understand that any activity on or under water carries inherent dangers. I am aware of those dangers and, to the extent that I have any doubts about them or my ability to deal with them in an adequate way, I confirm that I have had an opportunity to discuss them with the staff of Triangle Diving Limited (the Company) who have explained them to me to my complete satisfaction and I have been given the opportunity, without additional cost, not to participate in the diving programme.

I hereby unconditionally assume responsibility for my own safety and waive any possible claim against the Company and each and every member of the staff of the Company in respect of any accident or injury I may suffer or which may arise in any way from my participation in the diving programme no matter how such accident or injury may occur.

Should I take advantage of the opportunity to rent diving/snorkeling equipment from the Company, I accept that the Company does not guarantee or warrant such equipment as to its condition or its suitability for use for any particular purpose. I acknowledge that if I do use any such equipment, I do so at my own risk after satisfying myself as to its condition and suitability for the purpose for which I intend to use it. I agree to take good care of the equipment and to return it in the same good condition in which I found it.

The information I provide about my medical history on the following questionnaire is complete and accurate to the best of my knowledge and I accept full responsibility for any omission from or error in such information.

MEDICAL QUESTIONNAIRE. (Delete 'Yes' or 'No' as appropriate to each question.)

1. Do you have or have you at any time had any disease, illness or medical condition which could or may cause injury to yourself or anyone diving in your company or any member of the staff of the Company? Yes / No
2. Have you consumed an excess of alcohol in the past 24 hours? Yes / No
3. Do you intend to fly in an airplane in the next 12 hours? Yes / No

Signed.....

Date.....