

Natural Springs Resort & Southern Ohio Diving Academy

Liability Release For Certified Divers, Snorkelers & Supervised Students

This is a release of your rights to sue Natural Springs Resort & Southern Ohio Diving Academy (owners & dive supervisor), and it's employees, instructors, certified assistants, dive training agencies or boat operators, agents and assigns for personal injuries or wrongful death that may occur during the forthcoming dive activity as a result of the inherent risks associated with scuba diving/snorkeling as a result or negligence, not responsible for or held harmless for on-site camping. And/or out of the water slips and falls.

Please read and **PLACE YOUR INITIALS** next to each of them.

- _____ 1) I acknowledge that I am a certified scuba diver or am under the direction of a certified instructor trained in safe diving practices.
- _____ 2) I am aware of the risks inherent in this sport and accept these risks.
- _____ 3) I affirm that I am in good mental and physical fitness for diving and that I am not under the influence of alcohol nor any drugs that are contradictory to diving. If I am taking medication I affirm that I have seen a physician and have been approved to dive while under the influence of the medication and/or drugs.
- _____ 4) I am aware of the dangers of breath holding while scuba diving and I will not hold the above individuals responsible if I am injured doing so.
- _____ 5) I am aware that I will be diving with a buddy and it will be our responsibility to plan our dive allowing for dive limitations and the prevailing water conditions. I will not hold the above listed individuals responsible for my failure to safely plan my dive.
- _____ 6) I will inspect all of my equipment (personal or rented) prior to the activity and will notify the above listed individuals if any of my equipment is not working properly. I will not hold the above listed individuals responsible for my failure to inspect the equipment (personal or rented etc.) prior to diving.
- _____ 7) I acknowledge that I am physically fit to scuba dive/snorkel and I will not hold the above listed individuals responsible if I am injured as a result of heart, lung, ear or circulatory problems or other illnesses that occurred while diving and/or snorkeling.
- _____ 8) I understand that even though I follow all the APPROPRIATE dive practices, there is still some risk of sustaining decompression sickness, embolism, or other hyperbolic injuries and I expressly assume the risks of these said injuries.
- _____ 9) I also expressly assume the risk and accept responsibility to safely plan my dive and dive my plan.
- _____ 10) I also understand that scuba diving/snorkeling is a physically strenuous activity and that I will be exerting myself during this diving excursion and then if I am injured as a result of a heart attack, panic, hyperventilation, etc. that I expressly assume the risk said injuries and that I will not hold the above listed individuals responsible for the same.
- _____ 11) I also understand that on this open-water diving trip, I will at a remote site and that there will not be immediate medical care or hyperbaric care available to me and I expressly assume the risk of diving in such a remote spot.
- _____ 12) IT IS THE INTENTION OF _____ (DIVEERS NAME), BY THIS INSTRUMENT TO EXEMPT AND RELEASE NATURAL SPRINGS RESORT & SOUTHERN OHIO DIVING ACADEMY. (Operator & Dive Supervisor) and _____ (Dive Supervisors and/or Instructor,) AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, SLIPS & FALLS (in or out of the water), CAMPING, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.

HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS INFORMATION AND RELEASER FORM BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF OR MY HEIRS.

DIVERS SIGNATURE

DATE

SIGNATURE OF PARENT OR GUARDIAN WHERE APPLICABLE

DATE

REGISTRATION FORM (Please Print)

Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Email _____

Phone# _____ Dive Buddy _____

Scuba Certification _____ Level _____ Card # _____

Instructor _____ Insturctor# _____

IN CASE OF EMERGENCY PLEASE NOTIFY _____ RELATIONSHIP _____

Phone Number for Emergency Person: Home: _____ Work/Cell: _____

<<< PLEASE PLACE YOUR **INITALS** NEXT TO EACH OF THE FOLLOWING >>>

KNOW/UNKNOWN HAZARDS ABOVE AND BELOW THE WATER:

- ____ Overhangs, loose rocks, crevices, landscape and water environment
- ____ Iron scrap in or on the bottom of the quarry
- ____ Boats, cars, trees, etc. And other debris.
- ____ Zealous fish, encountered when feeding fish
- ____ Any and all unforeseen objects, known or unknown

Rules:

- ____ **NO DECOMPRESSION DIVING**
- ____ **NO ALCOHOL**
- ____ **NO TANK FILLING – AIR COMPRESSORS**
- ____ **NO UNLEASHED PETS**
- ____ **SWIMMING ALLOWED ONLY IN THE MARKED SWIMMING AREA**
- ____ **NO SCUBA DIVING IN THE MARKED SWIMMING AREA**
- ____ **NO ARTIFACTS, PROPERTY, OR UNDERWATER STRUCTURES MAY BE CHIPPED, DAMAGED OR REMOVED FROM THIS SITE.**
- ____ **NO SPEAR GUNS OR OTHER WEAPONS**
- ____ **MANDATORY FLOTATION DEVICE (for ANYONE entering the water outside the swimming area)**
- ____ **NO UNATTENDED CHILDREN**
- ____ **I HAVE REVIEWED AND UNDERSTAND THIS RELEASE FORM**

Signature _____ Date _____ Signature _____

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2.		8.	
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5.		11.	
6.		12.	

I understand that diving with compressed air involves certain risks and injuries can occurs which require

treatment in a recompression chamber.

I further understand that the open water diving trips, which are necessary for training and certification may be conducted at a site that is remote. Either by time or distance or both, from such a recompression chamber, and I nonetheless agree to proceed with such instructional dives.

I hereby personally assume all risk in connection with said course for any harm, injury or damage, which may befall me as a result of my participation in the course, whether foreseen or unforeseen, and I still wish to proceed with the course in spite of the possible absence or a recompression chamber of proximity to the dive site.

I, either being a certified diver or under instruction with a known certifying agency have read and fully understand this release prior to signing it.

Certified Diver/ Students Signature

Date

As a parent of guardian, I am signing this document on behalf of a minor child. I am aware of the legal consequences of signing this agreement, and do hereby agree to be specifically bound to all the terms and conditions of this agreement on behalf of the minor child.

Parent/ Guardian's Signature (if diver or student is under the age of 18)

Date
