

BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am a certified diver or a student diver under the control and supervision of a certified scuba instructor or Divemaster and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class.

I understand and agree that neither the Diveguides (Divemasters/Instructors) _____,

_____, _____, the crew or owner of the vessel, nor the boat management

company operating the vessel(s), the vessel _____, nor the facility through which I receive my instruction/guidance, nor International PADI, Inc., nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in this boat trip and scuba dive(s) or as a result of the negligence of any party, including the Released Parties, whether passive or active. I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian. I further state that I accept, the vessel: _____'s safety rules and hereby agree that a breach of the safety rules may incur a prohibition on diving.

SAFETY RULES

Vessel Name

1. Follow the instructions of the BOAT Brief and safety procedures
2. Follow the instructions of the BOAT Diving and safety procedures
3. Follow the safe diving guidelines/practices of the local authorities
4. Do not conduct any decompression dives or dive alone **UNLESS YOU ARE CERTIFIED** in these special diving activities.
5. Follow the briefing of your **DIVEGUIDE(S)**. Respect depth limits, dive plans and **NEVER** exceed the limits of your training, experience or abilities. The Diveguide or instructors are entitled to stop you diving if the nature of the site in any way could jeopardise your safety or exceeds your diving abilities.
6. DO NOT touch any corals dead or alive for any reason.
7. DO NOT touch or feed any marine life for any reason.
8. DO NOT remove any objects from the sea whether from ship wrecks, reefs, shells etc for any reason. The Egyptian government have very strict policies regarding this and may result in the individual being fined.
9. For the sake of the environment GLOVES are prohibited.

I _____ (**insert name**), BY THIS INSTRUMENT, DO HEREBY EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND SCUBA DIVE(S), AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

PRINTED NAME _____

Participant's Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)