

LOST ISLAND VOYAGES

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lostislandvoyages.com

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ CITIZEN OF _____

TRIP DATE _____ BIRTH DATE _____

PASSPORT # _____ E-MAIL _____

REQUIRED MEDICATION _____

MEDICATION WHICH MAY NOT GIVEN _____

PRESENT CERTIFICATION LEVEL _____

YEARS EXPERIENCE: SCUBA DIVING _____ SNORKELING _____

APPROXIMATE NUMBER OF DIVES IN SALT WATER? _____ FRESH WATER _____

DATE OF LAST OPEN WATER DIVE _____

I RATE MY SKILL AS A DIVER AS (circle one)

NON-DIVER BEGINNER

INTERMEDIATE ADVANCED

IN CASE OF AN EMERGENCY NOTIFY:

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

COMPLETE LIABILITY RELEASE

1. I UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT LOST ISLAND VOYAGES AND RELEASE ITS AGENTS AND ITS BOATS (WHETHER OWNED, 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 NEGLIGENCE.
2. I do not have in my possession any illegal drugs, nor am I taking, nor have I recently consumed any drugs or medications that would contraindicate diving and/or snorkeling.
3. I fully understand and am aware that the boat has limited medical facilities and that in the event of illness or injury, appropriate medical help must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
4. I understand that there are inherent risks associated with entering and exiting the water from a dive vessel. I specifically assume these risks. I understand that there are dangers associated with my use of the dive ladder and I specifically assume these risks.

5. I understand that a vessel is not a stationary surface and that it is subject to motion, tides, waves, sea conditions, wind and other forces. I expressly agree to use extra care when coming aboard or departing the vessel, whether to exit or enter the water or land, and, I specifically assume all risks in connection with entering, exiting and being aboard the vessel.
6. I will face all ladders or stairs aboard the vessel while ascending or descending them.
7. I will be present at and attentive to all briefings given by the divemaster and boat captain and if there is anything that I do not understand or have been taught differently, I will be notify the boat captain immediately.
8. I certify, if I engage in scuba diving activities, that I am a certified diver or a student diver under the supervision of a scuba instructor and have been taught and understand scuba diving has inherent risks and dangers associated therewith including, but not limited to, risks associated with equipment failure, perils of the sea, acts of fellow divers and I **SPECIFICALLY ASSUME SUCH RISKS.**
9. If I have not been diving within the past year or I am not under the direct supervision of an instructor, I will request a refresher course from the divemaster.
10. I acknowledge that I am physically fit to scuba dive and snorkel and I will not hold any of the above named persons or entities 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.
11. Prior to each dive, I will inspect all equipment to be used. I will not hold Lost Island voyages or any of its employees, agents, or boats responsible for my failure to inspect my equipment prior to diving.
12. I understand I have a duty to plan to carry out my own dive and to be responsible for my own safety and the safety of my buddy. **I WILL REMAIN WITH MY BUDDY AT ALL TIMES.**
13. I will start my ascent at the end of each dive with enough air to ensure being on the boat with a minimum of 500 psi remaining in my tank.
14. I will immediately stop my dive if: A) If I feel uncomfortable with my diving abilities; and/or B) Diving conditions are worse than those for which I have been trained or for which I have experienced.
15. I am aware of the dangers of holding my breath while diving and of the dangers associated with rapid ascents and will not hold the above named persons or entities responsible for such acts.
16. While skin diving I will not remove my buoyancy control device (BC) at any time while in the water. **I ACKNOWLEDGE THAT DOING SO WILL CONSTITUTE A VIOLATION OF SAFETY RULES AND PROCEDURES FOR WHICH I EXPRESSLY ASSUME THE RISK.**
17. If I become distressed on the surface, I will **IMMEDIATELY** drop my weight belt and inflate my BC for permanent floatation assistance and if I want or need assistance from the boat, I will give the proper diver in trouble signal.
18. **IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELIEVE** Lost Island Voyages, its employees, its agents, and its boats (whether owned, leased or chartered) and to hold these entities harmless from any liability for personal injury, property damage or wrongful death caused by negligence and I assume all risk in connection with snorkeling, scuba diving and boating activities and any activities directly or indirectly related thereto. This release is intended to fully release the released individuals for anything, which may transpire at any time during my trip, from inception of the trip until it is over and I have disembarked for the last time.
19. **I HAVE READ AND UNDERSTAND THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES.**

FULL
 NAME _____ SIGNATURE _____
 SIGNATURE OF PARENT OR LEGAL GUARDIGN (if under 18) _____
 Date _____