

(Please Print)

Name Last: _____ First: _____ Entered Into System By: _____ Date ____/____/____



Release Liability & Express Assumption of Risk

Please read carefully. Fill in ALL blanks & initial each paragraph before signing

This is a release of your rights to sue Pennyroyal Scuba Blue Springs and its Owners, Staff, Agents and Assigns for personal injuries or wrongful death that may occur during the forthcoming dive activity as a result of the inherent risk associated with scuba diving/snorkeling or a result of negligence. This release may be used against you in the court of law if you sue a released party or person.

I, _____, hereby state that I have taken a certified SCUBA course and have been issued a Scuba Certification Card or am on this date taking part in a field trip dive under the supervision of a Certified Scuba Instructor.

I further state that I understand that the risk inherent in the conduct of skin diving or scuba diving and that my welfare cannot be the responsibility of the management of the facility. (Initial Here) _____

I understand that the water in which I intend to enter here is of adequate depth (approx 30ft.) to expose me to medical and health risk and I hereby state that I am fully aware of such potential problems. (Initial Here) _____

I also understand that skin diving/scuba diving are physically strenuous activities and that I will be exerting myself during this activity, and that if I am injured as a result of a heart attack, panic, hyperventilation, ect., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same. (Initial Here) _____

I understand that it is impossible for the management, staff, agents & assigns, of Pennyroyal Scuba Blue Springs to supervise and protect me while scuba diving and or skin diving due to the nature of the sport. I understand that diving with compressed air and following safe diving practices involves certain inherent risks, decompression sickness, embolism, or other hyper baric injuries, and I expressly assume the risk of said injuries foreseen and/or unforeseen. (Initial Here) _____

I also understand that it is my responsibility to secure my vehicle and my personal property, and that Pennyroyal Scuba Blue Springs is in no way responsible for the theft or damages to that vehicle, or any lost or stolen articles of mine. I have taken all steps necessary to acquaint myself with this facility, and the various underwater obstacles. I hereby agree fully assume all risks foreseen and unforeseen while on the premises or on, in, entering or leaving the water. I also understand that spear fishing, firearms, alcohol, pets, and personal air fill stations are strictly forbidden. I agree to abide by the warnings and restrictions printed thereon. (Initial Here) _____

I further state that I am of lawful age and legally competent and not under the influence of alcohol or drugs to sign the liability and release, or that I have acquired the written consent of my parent or guardian. (Initial Here) _____

I agree to abide by all rules set fourth by Pennyroyal Scuba Blue Springs, and that if I do not follow these rules that I will have to accept the consequences that I could face. (Initial Here) _____

I understand that the terms herein are contractual and are not a mere recital and that I have signed this document of my own free will. (Initial Here) _____

Fill Out Guest Information On Back

Guest Card # 2003 _____

Guest Information: Please Print All Information

Check One: Student Diver Dive Master Instructor

Participant Name: _____ Signature: _____ Date ___/___/___

Witness Name: _____ Signature: _____ Date ___/___/___

Participant Demographic Information

Current Address: _____

City: _____ St: _____ Zip: _____

Phone #: (____) _____ - _____

Email Address: _____

Check One

Certifying Agency: PADI SSI NAUI

IANTD MDEA PDIC SDI/TDI

IDEA YMCA NASDS Other: _____

C Card #: _____

Level Of Training: _____

Date Of Birth: ___/___/___

Emergency Contact:

Name: _____

City: _____

Ph#: _____

!!!PSC Office Use Only!!!

Date Entered ___/___/___

Card Issued: Yes No

C-Card Verification: Yes No

Entered By: _____

Parent/Guardian Statement

As the parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions herein. I have read this agreement, fully and understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance, or guarantee having been made to me. I intend my signature to be a complete unconditional release of all liability, damages, or cost that may occur which arises out of my minor child's scuba diving/or snorkeling, swimming, or any other activities on or about the premises of Pennyroyal Scuba Blue Springs, whether caused by negligence of Pennyroyal Scuba Blue Springs, or otherwise.

Parents Name (**Print**): _____ Signature: _____ Date: ___/___/___

Guardian Name: _____ Signature: _____ Date: ___/___/___

Witness Name: _____ Signature: _____ Date: ___/___/___

From Pennyroyal Scuba Blue Springs

Thank you, for diving with us. We hope that this registration form will provide a faster check in on your return visit to Pennyroyal Scuba. Again thank you for your patronage.