

Please read carefully, fill in your name on both blanks and initial each paragraph before signing.

I, _____, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SCUBA DIVING.

- _____ I understand that neither the ships captain, its operators, Dive Chicago™, the facility through which this charter and future charters are offered nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs or assigns that may occur as a result of my participation in this dive charter and future charters or as a result of the negligence of any party, including the Released Parties, whether passive or active.
- _____ I understand that diving with compressed gases involves certain inherent risks; decompression sickness, embolism or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open-water dive(s) may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber in proximity to the dive site.
- _____ I declare that I am in good mental health and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra indicatory to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs.
- _____ I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this dive charter and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.
- _____ I will inspect all of my equipment prior to the activity and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.
- _____ In consideration of being allowed to participate in the dive(s), I hereby personally assume all risks in connection with said dive(s), for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.
- _____ I further save and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this dive charter and future charters, including both claims arising during the dive charter and future charters or after I complete the dive charter and future charters.
- _____ I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.
- _____ I agree to reimburse Dive Chicago™ for any emergency equipment not returned by EMS system and all supplies used to treat me.
- _____ I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

IT IS THE INTENTION OF _____, BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY SHIPS CAPTAIN, ITS OPERATORS, DIVE CHICAGO™, THE FACILITY THROUGH WHICH THIS DIVE CHARTER AND FUTURE DIVE CHARTERS ARE OFFERED, AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, PROPERTY LOSS OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.
I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

_____ Signature of participant	_____ Date
_____ Signature of Parent/Guardian (where applicable)	_____ Date

DIVE CHICAGO™

MEDICAL INFORMATION

Please fill out this information completely. It is very important to have this information should medical treatment become necessary. (If you're not sure of your blood type leave blank) Thank You!

NAME _____

CERTIFICATION LEVEL _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____ DATE OF BIRTH _____

BLOOD TYPE _____

ALLERGIES _____

KNOWN DISORDERS OR CONDITIONS _____

MEDICAL INSURANCE

CARRIER _____

POLICY # _____

DAN MEMBER # _____

EMERGENCY CONTACT

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____

RELATIONSHIP _____

If you would like to be on our email list
Please enter your email address here _____