

**Dr Dive, LLC**  
or GCPD, Inc. dba Dive Pros  
Captain Jim Meyers, USCG Licensed and Insured  
Office: 1-850-932-6602  
Cell: 1-617-943-5553  
[www.drdiver.com](http://www.drdiver.com)

### DIVER'S RELEASE OF LIABILITY

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ e-Mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Alert Information \_\_\_\_\_

**\*If taking any medication, or if you have a medical condition that could affect your diving, you should consult a doctor.**

Trip Date \_\_\_\_\_ Time \_\_\_\_\_

I UNDERSTAND THE SIGNING OF THIS DOCUMENT IS TO EXEMPT AND RELEASE DR DIVE, LLC OR GCPD, INC. DBA DIVE PROS, AND ITS OWNERS, CAPTAINS, EMPLOYEES, AGENTS, AND DIVE BOATS (WHETHER OWNED, OPERATED, 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 TO NEGLIGENCE.

1. I understand scuba diving has inherent risks and dangers associated therewith, including but not limited to risks associated with equipment failure, perils of the sea, and acts of fellow divers and, I specifically assume such risk.
2. I acknowledge that I am a certified diver trained in safe diving practice and have practiced my diving skill within the last year. If I am a student diver, I certify that I am diving under the direct supervision of an instructor.
3. I will inspect all of my equipment prior to leaving the dock and will notify Dr Dive, LLC or GCPD, Inc., dba Dive Pros, if any of my equipment is not functioning properly. I will not hold either Dr Dive, LLC or GCPD, Inc., dba Dive Pros, or any of its captains, employees, agents or dive boats responsible for my failure to inspect my equipment prior to diving.
4. I acknowledge that I am physically fit to scuba dive or snorkel, and I will not hold Dr Dive, LLC or GCPD, Inc., dba Dive Pros, 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.
5. I will be present at and attentive to the safety briefing given by the boat Dive Master or Captain, and if there is anything that I do not understand or have been taught differently, I will notify the Captain immediately. I understand I have a duty to exercise reasonable care for my own safety and agree to do so. I will remain with my buddy at all times.
6. I will immediately stop my dive if
  - a. I feel uncomfortable with my diving abilities, and/or
  - b. Diving conditions are worse than I have been trained or for which I have experience.
7. I will inflate my buoyancy system any time I am on the surface, even if just for a few moments.

8. I will have a snorkel, submersible pressure gauge and a large inflator hose minimum 25 pounds.
9. At no less than 1,000 PSI, I will safely return to the surface with my buddy and determine the location of the boat. I will arrive on board the boat with a minimum of 500 PSI still remaining in my tank on each dive.
10. I am competent in self rescue techniques and in giving aid to my buddy.
11. If I become distressed on the surface, I will immediately drop my weight belt and inflate my B.C. for permanent flotation assistance.
12. I am aware of the dangers of holding my breath while diving and the dangers of rapid ascents, and I will not hold Dr Dive, LLC or GCPD, Inc., dba Dive Pros, its agents, owners, captains or employees of dive boats responsible if I am injured doing so.
13. I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and treatment will be delayed until I can be transported to a proper medical care facility.
14. I do not have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications that would contraindicate diving.
15. Dr Dive, LLC or GCPD, Inc., dba Dive Pros, has made no representation to me, implied or otherwise that they or their crew can or will perform safe rescue or render first aid. In the event rescue or first aid is rendered, I will hold neither Dr Dive, LLC, nor GCPD, Inc., dba Dive Pros, their officers, agents, instructors, servants and employees, responsible for their actions in attempting the performance of a rescue or first aid.

IT IS MY INTENTION BY THIS DOCUMENT 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 RELEASE DR DIVE, LLC OR GCPD, INC., DBA DIVE PROS, ITS OWNERS, CAPTAINS, EMPLOYEES, AGENTS, AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE, OR IN ANY WAY ARISING FROM MY PARTICIPATION IN SAID TRIPS AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING AND SCUBA DIVING ACTIVITIES. I HAVE READ THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREINABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND PERSONAL REPRESENTATIVE.

\_\_\_\_\_  
Participant's Signature

Date\_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian

Date\_\_\_\_\_

Certification #\_\_\_\_\_

Certification Agency \_\_\_\_\_

# of Dives \_\_\_\_\_

Date of Last Dive\_\_\_\_\_