



COMPLETE LIABILITY RELEASE FOR SNORKELING (SKIN DIVING) OPERATIONS

1. I UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE THE UNIVERSITY OF WEST FLORIDA, AND ITS 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.
2. **I understand that there are inherent risks involved with snorkeling (skin diving) and boating, including but not limited to equipment failure, perils of the sea, acts of other participants, and adverse sea and weather conditions, and I HEREBY ASSUME SUCH RISKS.**
3. **I understand that I have a duty to exercise reasonable care for my own safety and I agree to do so.**
4. I assert that I am physically fit to snorkel and ride on a boat and I will not hold the University of West Florida and its employees, agents and dive boats (whether owned, operated, leased or chartered) responsible if I am injured as a result of ANY problems (medical, accidental or otherwise) which occur while snorkeling (skin diving), riding on the boat or otherwise participating in the trip.
5. I understand that skin diving (snorkeling) makes considerable demands on my physical and emotional condition and that diving with particular medical conditions may cause problems not only for myself, but also for anyone coming to my aid if I get into difficulty in the water. Therefore, I agree to meet certain medical and physical requirements before beginning a snorkeling or training program. **If the medical history form or the appearance of the student indicated any condition contrary to safe participation in diving activities, the student shall be required to obtain medical approval by a licensed physician based on a medical examination prior to any further water training.**
6. I fully understand that the dive boat has no medical facilities and that in the event of illness or injury, appropriate medical care must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
7. In the event I show signs of distress or call for aid, I would like assistance and will not hold the University of West Florida, its employees, agents and dive boats (whether owned, operated, leased or chartered) responsible for their actions in the performing rescue or first aid.
8. I agree to release the University of West Florida and its employees, agents and dive boats (whether owned, operated, leased or chartered) from any and all responsibility or liability for any and all injuries or damages. I agree NOT to make a claim against or sue any of the above parties for injuries or damages whether they arise or result from any negligence on the part of the University of West Florida or its agents. I further specifically agree to indemnify and hold harmless the release parties for any and all causes of action arising as a consequence of any incidents which might occur as a consequence of my participation in the snorkeling activity.

I, _____, **HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY IT.** I further acknowledge that I am at least 18 years of age and am legally responsible for making decisions on my own behalf.

Signature: _____

Date: _____

Witness: _____

Date: _____

Diver Last Name: _____

First Name: _____ **MI:** _____

Home Phone: _____

email: _____

Work Phone: _____

SSN: _____

Address: _____

Number & Street

City

State

Zip



SNORKELING RELEASE MEDICAL QUESTIONNAIRE

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the University of West Florida Diving Safety Officer.

Signature (Date)

Printed Name

EMERGENCY CONTACT

Last Name: _____ First Name: _____ MI: _____

Address: _____
Number & Street Address City State Zip

Home Phone #: _____ email: _____

Work Phone #: _____

Please check appropriate items if you know or have reason to believe you suffer or have suffered from any of the following: Explain all items checked under "Remarks," being sure to indicate the item number that you are discussing:

PLEASE CHECK YES OR NO TO EACH QUESTION

YES NO

1. Mental health problems.....
2. Claustrophobia, Agoraphobia or other phobias.....
3. Nervous or anxiety disorders.....
4. Migraine Headaches.....
5. Epilepsy.....
6. Ear or hearing problems.....
7. Trouble equalizing pressure.....
8. Sinus Trouble.....
9. Severe hay fever.....
10. High blood pressure.....
11. Angina.....
12. Heart Surgery.....
13. Asthma.....
14. Bronchitis.....

