

Additional liability release and express assumption of risk agreement for technical diving (To be signed in addition)

Please read carefully, fill in all blanks and initial each paragraph before signing. [INSERT FULL NAME] HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES, INCLUDING THE USE OF NITROX AND/OR TRIMIX AND I AM AWARE OF THE INHERENT HAZARDS OF SNORKELING, SKIN DIVING AND SCUBA DIVING. $_$ I FURTHER STATE that I am an experienced diver and have been certified by $_$ [ENTER TRAINING AGENCY] and that I am aware of the required certification or equivalent experience required to participate in technical diving activities. I have been a certified diver since _____ [INSERT DATE AND/OR YEAR], and have been diving for ____ ____ [INSERT NUMBER OF YEARS] years, with a total of [INSERT NUMBER OF DIVES] dives, to a maximum depth of approximately _ [INSERT MAXIMUM DEPTH] metres/feet [CIRCLE ONE]. I FURTHER DECLARE that I am thoroughly aware of the inherent hazards of participating in technical and recreational scuba diving activities, and in consideration of being allowed to participate in this activity, I hereby assume all risks in connection with said activity, for any harm, injury or damage I may suffer while I am participating in this activity, including all risks connected therewith, whether foreseen or unforeseen. I FURTHER DECLARE that I am properly trained, thoroughly informed, and completely understand the inherent hazards of Technical Scuba Diving activities, including the risk of serious injury or death. Further, I understand that diving while breathing air, oxygen-enriched air (nitrox), trimix, and 100 percent oxygen involves certain inherent risks that may include, but are not limited to: decompression sickness, embolism, oxygen toxicity, inert gas narcosis, hypoxia (low oxygen), hypercapnia (high carbon dioxide), gas narcosis, fire and/or explosion hazards, barotrauma or hyperbaric injuries that can occur and require treatment in a recompression chamber, drowning and marine life injuries. I further understand that Technical Scuba Diving activities may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to participate in such Technical Scuba Diving activities, despite the possible absence of a recompression chamber in proximity to the dive site.

I FURTHER DECLARE that I understand that using CCRs or SCRs (if using) involves additional risks that exceed those encountered in other forms of scuba diving. These risks may include, but are not limited to: the use of more complex equipment; gas-related hazards due to procedural or technical problems that can cause dangerously high carbon dioxide and/or oxygen levels; gas-related hazards due to procedural or technical problems that can cause dangerously low oxygen levels; the need for specialized diving techniques; the need for more stringent equipment preparation, assembly and maintenance procedures, and the more severe potential consequences of errors or equipment failures; and the need for specialized training, equipment, and planning for CCR and SCR diving. I understand that CCR and SCR diving may involve a greater risk of serious injury or death than other forms of scuba training, and I assume the risks of this type of diving.		
I FURTHER DECLARE that I understand Technical Diving involves risks that exceed those encountered in recreational scuba diving. These risks may include but are not limited to: depths that exceed the limits of recreational diving; decompression procedures; overhead environments and/or the risk of entanglement that may prevent direct ascent to the surface in the event of an emergency; sudden loss of visibility; the necessity for computing both nitrogen and or helium and oxygen loading to plan dives; and the need for specialized training, equipment, and planning for different types of Technical Scuba Diving. I understand that Technical Scuba Diving may involve a greater risk of serious injury or death than recreational scuba diving, and I assume the risks of this activity.		
I,		
I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.		
Signature of Participant	Passport Number	Date
Guardian's Signature (if applicable)	Guardian's Passport No	Date
Witness' Signature (if applicable)	Witness' Passport No	Date

