

# YOUTH DIVING: RESPONSIBILITY AND RISKS

ACKNOWLEDGEMENT #10615, Ver 2.0

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, \_\_\_\_\_, and my/our child, \_\_\_\_\_, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death: We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the *Youth Diving Responsibilities and Risk* video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

\_\_\_\_\_  
Parent/Guardian Name      Parent/Guardian Signature      Date

\_\_\_\_\_  
Participant/Minor Name      Participant/Minor Signature      Date

## THE PADI SCUBA DIVER STATEMENT #10062 Ver 1.1

The PADI Scuba Diver rating allows you to gain experience under direct professional supervision. This agreement defines the limitations of your pre-entry level certification and describes the diving practices necessary for your comfort and safety.

I, \_\_\_\_\_ understand that as a PADI Scuba Diver.  
(Print Name)

I should:

1. Dive under the direct inwater supervision of a PADI Divemaster, Assistant Instructor or Instructor. Listen carefully to dive briefings and respect the advice of those supervising my dive activities. Adhere to the buddy system on every dive.
2. Dive in conditions better than or similar to those in which I was trained. This includes limiting maximum dive depth to 12 metres/40 feet, or receiving additional instruction before diving deeper.
3. Maintain a reasonable fitness level for diving and dive within personal limitations. Avoid overexertion while diving and not dive under the influence of alcohol or drugs.
4. Obtain air fills and dive equipment only from a reputable source, such as a PADI Dive Center or Resort, to avoid contaminated air. Check that the cylinder used is not marked for enriched air (nitrox).
5. Maintain proper buoyancy while diving. Adjust weight for neutral buoyancy at the surface with no air in the BCD and take into account buoyancy changes due to air use during the dive. Establish positive buoyancy by ditching the weight belt and/or inflating the BCD when in distress on the surface.
6. Continue dive education to ensure appropriate training and experience before exceeding the limits of the PADI Scuba Diver rating.

7. Review skills under supervision in a controlled environment after periods of diving inactivity.
8. Breathe properly for diving. Never breath hold or skip breathe when using compressed air.
9. Ascend at a rate of 18 metres/60 feet per minute or slower from every dive and make a safety stop at the end of every dive.
10. Use complete, properly fitting, well-maintained and familiar scuba equipment. Consult a dive professional for advice about and orientation to any unfamiliar equipment.
11. Know and obey local laws and regulations relevant to recreational diving.
12. Understand that I may upgrade to Open Water Diver to dive without professional supervision anytime after my PADI Scuba Diver certification date.
13. Understand that deviating from safe diving practices will increase the risk of decompression illness, other injury or death and recognize that for safety and well being PADI Scuba Divers should abide by these recommendations and seek additional information or advice before diving in unfamiliar situations.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

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

\_\_\_\_\_  
Date (Day/ Month/ Year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable)

\_\_\_\_\_  
Date (Day/ Month/ Year)

## BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK (#10077 ver 1.2)

**PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING.**

I, \_\_\_\_\_, hereby affirm that I am a  
(passenger/ diver)

certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class.

I understand and agree that neither *THE PROFESSIONAL STAFF OF JAMAICA SCUBA DIVERS*, the crew or owner of the vessel, nor *KELSEA / JESSEA*, *EAGLE RAY*, *TRIGGERFISH* the vessel, nor International PADI, Inc., nor NAUI, nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, or assigns of the above listed individuals and/ or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in this boat trip and scuba dive(s) or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I, \_\_\_\_\_, BY THIS INSTRUMENT,  
(passenger/ diver)

DO HEREBY EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/ OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND SCUBA DIVE(S), AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/ OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

PRINTED NAME \_\_\_\_\_

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

\_\_\_\_\_  
Date (Day/ Month/ Year)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Date (Day/ Month/ Year)



Jamaica Scuba Divers Ltd.

[www.scuba-jamaica.com](http://www.scuba-jamaica.com)

**SCUBA DIVER Information Form** (Rev 4 10/05)

Departure Date : \_\_\_\_\_  
Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal/Zip \_\_\_\_\_  
Country \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
Birthdate DD \_\_\_\_ MM \_\_\_\_ YY \_\_\_\_  
Room Number \_\_\_\_ Email Address \_\_\_\_\_  
Student # \_\_\_\_\_ Organization: \_\_\_\_\_ Certification Level: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

**\*\* Please read all sections carefully before signing.**

**LIABILITY RELEASE AND ASSUMPTION OF RISK FOR SUPERVISION OF CERTIFIED DIVERS #10086, Ver 1.0 PLEASE READ CAREFULLY BEFORE SIGNING.**

THIS IS A RELEASE OF YOUR RIGHTS TO SUE *FDR / PEBBLES*, ROYAL DECAMERON, *JAMAICA SCUBA DIVERS LTD.*, *THE PROFESSIONAL STAFF OF JAMAICA SCUBA DIVERS* AND THEIR EMPLOYEES, AGENTS, AND ASSIGNS (HEREIN AFTER "RELEASED PARTIES") FOR PERSONAL INJURIES OR WRONGFUL DEATH THAT MAY OCCUR DURING DIVE ACTIVITIES AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING OR AS A RESULT OF THE NEGLIGENCE OF THE RELEASED PARTIES.

1. I acknowledge that I am a certified scuba diver trained in safe diving practices.
2. I am aware of the risks inherent in this sport and accept these risks.
3. I am in good mental and physical fitness for diving, and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/ drugs.
4. I am aware of the dangers of breath holding while scuba diving, and I will not hold the Released Parties and related entities (such as employees, instructors, certified assistants, boat operators, or diver training agencies) responsible if I am injured doing so.
5. I am aware that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the Released Parties responsible for my failure to safely plan my dive.
6. 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.
7. I acknowledge that I am physically fit to scuba dive, and I will not hold the Released Parties responsible if I am injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.
8. I understand that even though I follow all of the appropriate dive practices, there is still some risk of my sustaining decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries.
9. I expressly assume the risk and accept all responsibility to plan my dive and dive my plan.
10. I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold Released Parties responsible for the same.
11. I understand that on this open-water diving trip, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot.

IT IS THE INTENTION OF \_\_\_\_\_

Diver's Name

BY THIS INSTRUMENT TO EXEMPT AND RELEASE *FDR / PEBBLES*, *ROYAL DECAMERON* and, *JAMAICA SCUBA DIVERS LTD.*, and, *THE PROFESSIONAL STAFF OF JAMAICA SCUBA DIVERS* AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND RELEASE BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Diver \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian (Where Applicable) \_\_\_\_\_ Date \_\_\_\_\_

**STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING (#10060 ver 1.4)**

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_, understand that as a

(Print Name)

diver, I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives - including communications, procedures for reuniting in case of separation, and emergency procedures - with my buddy.
6. Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver - Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature \_\_\_\_\_ Date (Day/ Month/ Year) \_\_\_\_\_

Signature of Parent or Guardian (where applicable) \_\_\_\_\_ Date (Day/ Month/ Year) \_\_\_\_\_