RELEASE OF LIABILITY / ASSUMPTION OF RISK

Please read carefully and complete before participating in any dive or snorkel activity.

Participant Name:	
Date of Birth:	
Emergency Contact:	Phone:

1. Acknowledgment of Risks

I understand that scuba diving and snorkeling involve inherent risks, including but not limited to equipment failure, marine life interaction, environmental hazards, and potential injury or death. I freely and voluntarily assume all risks associated with participating in these activities.

2. Assumption of Risk and Release of Liability

In consideration of being allowed to participate, I agree to **release and hold harmless Signature Dives, its owners, staff, agents, affiliates, contractors, and vessel operators**from any and all liability, claims, demands, actions, or causes of action arising from or related to any injury, illness, property damage, or death that may occur during my participation — including those resulting from negligence.

I understand that Signature Dives is not responsible for any loss, injury, or incident that occurs during dive or snorkel activities, whether on the boat, in the water, or on associated beaches or islands.

3. Non-Agency Disclosure

I understand that the dive professionals and guides conducting the activity are independent entities and not employees, agents, or representatives of PADI, and that PADI assumes no responsibility for their actions.

4. Medical Statement

\Box I affirm I am in good physical health and capable of participating safely activities.	in dive or snorkel	
\Box I have completed a medical questionnaire and, if necessary, have provided physician		
clearance.		
5. Certification Status		
\Box I am a certified diver and understand my responsibility to dive within my training and comfort level.		
\Box I am participating in a supervised introductory program and will follow all instructions provided.		
Participant Signature: Date:		
Parent/Guardian Signature (if under 18):	Date:	