



Scuba Diving Class Liability Release & Assumption of Risk Agreement

Dive Shop: _____, **Date:** ____/____/20____, **Responsible Party:** Shop Student

Shop Phone: (____)-____-____, **Email:** _____, **Fax #:** (____)-____-____

I/We the undersigned do attest to being CERTIFIED as INSTRUCTOR(S) and DIVE MASTERS in the art of skin and scuba diving. I/We are aware of the dangers involved in the sport of scuba diving and the use of underwater scuba equipment and do agree to hold Pennyroyal Scuba Blue Springs Inc. , it's affiliate and subsidiary corporations, any of their respective employees, officers, agents, contractors, or assigns harmless and blameless for any and all damages, accidents, loss of life or injury incurred while on property or in the use of these facilities.

1 Instructor Name: _____, **Signature:** _____, **Pro #:** _____

2 Instructor Name: _____, **Signature:** _____, **Pro #:** _____

Certification Training Agency: _____, **Insurance Carrier:** _____, **Expiration Date:** ____/____/20____

I attest that I am a STUDENT DIVER under the direct supervision and direction of the above named instructor(s). I do agree to hold Pennyroyal Scuba Blue Springs Inc. nor it's affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors, or assigns harmless and blameless for any and all damages, accidents, injuries or loss of life due to injuries incurred while on property or in use of these facilities.

Print Name Below

Signature Below

Student Initials

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

!!!Please Keep All Students above Navigation Lines to Maintain Visibility for Everyone's Enjoyment!!!

Staff Initials: _____, **Date:** ____/____/____, **Pavilion Assignment:** _____