Bottom Time Dive Charters

St. Lawrence R., Brockville, Ontario - L. Champlain, Plattsburgh, NY WAIVER & LIABILITY RELEASE

Welcome to the "Bottom Time Dive Charters Experience" of quality diving. We will do everything possible to make each of your dives the most enjoyable and exciting ever. Please complete this form so that we may better serve you in the future.

Date:	_Last Name:	Fir	st Name:		
E-MAIL:					
Home Phone: ()_		Work: ()		
Emergency Contac	:t		Tel#		
Certifying Agency	#	Lev	/el		
# Dives in last year_		Total # Dives to	Date;		
Are you eligible fo	r travel in the Un	ited States? YE	S NO (No crim	inal record	l etc.) Do you have 2
picture TD's availa	able for US/CA C	ustoms Inspectio	on? YES NO		
	<u>L</u>	iability Releas	<u>se</u>		
Scuba diving is an in understand that I sh		rt being certified	as a diver I am av	vare of those	e hazards and
* Avoid being t * Participate of * Listen carefu * Never enter tl * Do not exceed * Maintain pro	ental and physical c under the influence of uly in dives that are y lly to and abide by th he -water -without a of the depth of 100 fe oper buoyancy contr	of drugs or alcohowithin my level of the briefings and indive buddy and stated the buddy and stated the stated and avoid cause	experience and transtructions of the law with him or her see certified & equipoing damage to the	Divemaster. for the entire pped for sam e wrecks	e.
	om all claims or leg				me Dive Charters and all injury, property damage
Please write: "I hav	e read, understand	and agree with th	e above"		
X					_
I am fully aware of	the contents and in	portance of this	document. I have		or an explanation of tions and especially those that
X	zed Signature		Data		Signature of Client
Aumore	ieu Signature		Date		
CHARTER TOTAL	: \$				
DEPOSITTOTAL: \$_					
BALANCE DUE: \$			PD IN FULL:	(M	el)



BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

I,	, hereby affirm that I am a certified diver or a student diver
under the control and supervision of a diving including those hazards occurr include, but are not limited to, air exp board, being cut or struck by a boat w of the sea. By signing this release, I cer	certified scuba instructor, and that I thoroughly understand the hazards of scuba and during boat travel to and from the dive site. I understand that these hazards ansion injuries, drowning, decompression sickness, slipping or falling while on hile in the water, injuries occurring while getting on or off a boat, and other perils ify that I am fully aware of and expressly assume these and all other risks involved conducted as a recreational dive or part of a diving class.
	Mel Frechette, Wanda Christian, Jack Benoit, Gerard Pion
I understand and agree that neither	or any other Crew Member or Assistants
	(divemasters / crew members / captain) The Regulator, Rogue Diver, or Second Best Too (name of vessel), nor
agents, or assigns of the above list liable or responsible in any way for property damage, wrongful death result of my participation in this be including the Released Parties, wh	ge and legally competent to sign this liability release, or that I have
I	BY THIS INSTRUMENT, DO HEREBY
	, BY THIS INSTRUMENT, DO HEREBY (passenger /diver)
EXEMPT AND RELEASE ALL FROM ALL LIABILITY AND F DAMAGE OR WRONGFUL D	THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS LESPONSIBILITY FOR PERSONAL INJURY, PROPERTY EATH, HOWEVER CAUSED, INCLUDING, BUT NOT BILITY OR THE NEGLIGENCE OF THE RELEASED
I ACKNOWLEDGE THAT I H UNDERSTAND THE POTENT	AVE READ THE FOREGOING PARAGRAPHS, FULLY
DANGERS INCIDENTAL TO FULLY AWARE OF THE LEG THAT I UNDERSTAND AND WILL PRECLUDE ME FROM LISTED ENTITIES AND/OR I PERSONAL INJURY, PROPE	ENGAGING IN THIS BOAT TRIP AND SCUBA DIVE(S), AM GAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND RECOVERING MONETARY DAMAGES FROM THE ABOVE NDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR RTY DAMAGE OR WRONGFUL DEATH CAUSED BY PRODUCT ENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR
PRINTED NAME	
	Participant's Signature Date (Day/Month/Year)

Signature o(Parent of Guardian (whers applicable)

Date (Day/Month/Year)