## AFFIRMATION, ASSUMPTION OF RISK & RELEASE FROM LIABILITY

	AFFIRMATION, ASSUMPTION OF RISK & RELEASE FRUM LIABILITY	
I, (print name)	acknowledge that I have been trained in the proper use of skin & SCUBA diving equipment	
	d through (name of agency)on (date)	
Card #	(If diving nitrox, nitrox certification information required)	
conjunction wit personal injury, activities wheth otherwise. IT PERSONAL IN not to sue or a prosecute any Santa Barbara, pursuant to the I AM FULLY AVAIR (NITROX), PARTICIPATIN DEATH CAN OPROPERTY DOWNERSED EMBOLISM AND CHAMBER. I A TOXICITY AND REMOTE LOCA AGREE TO PR	sideration of Truth Aquatics, Inc, permitting me to board and participate in SCUBA diving and other activities arising from or in the VISION (the "Activities"), I hereby voluntarily release, waive and discharge any and all actions or causes of action for property damage, wrongful death or loss of services occurring to me, which may arise as a result of or in connection with the ner caused by the negligence of Truth Aquatics, Inc., its owners, agents, employees and/or servants (the "Releaseese") or IS MY INTENTION BY SIGNING THIS DOCUMENT TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR JURY, PROPERTY DAMAGE, WRONGFUL DEATH OR LOSS OR SERVICES TO ME CAUSED BY NEGLIGENCE. I agree make a claim against the Releasees for negligence relating to or in connection with the Activities and in the event I shall such claim, then I shall indemnify and hold Releasees harmless from any loss or liability, including costs and attorneys' fees. California shall be the exclusive jurisdiction for any such suit or claim, which shall be resolved and determined by arbitration rules of the American Arbitration Association at Santa Barbara, California in accordance with the laws of the State of California.  **ASSUMPTION OF RISK**  WARE THAT SKIN AND SCUBA DIVING ARE HAZARDOUS ACTIVITIES AND IF I CHOOSE TO USE OXYGEN ENRICHED I AM ALSO AWARE OF THE PARTICULAR HAZARDS OF DIVING WITH OXYGEN ENRICHED AIR. I AM VOLUNTARILY GIN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE INHERENT DANGER INVOLVED AND THAT INJURY OR DAIR/INITROX INVOLVES CERTAIN INHERENT RISKS INCLUDING BUT NOT LIMITED TO DECOMPRESSION SICKNESS, ND/OR OTHER HYPERBARIC/AIR EXPANSION INJURIES THAT REQUIRE TREATMENT IN A RECOMPRESSION LISO UNDERSTAND THAT DIVING WITH OXYGEN ENRICHED AIR (NITROX) INVOLVES INHERENT RISKS OF OXYGEN AIR EXPANSION INJURIES THAT REQU	
EVACUATED T	O A HYPERBARIC CHAMBER, I AM RESPONSIBLE FOR ALL ASSOCIATED EXPENSES.	
l acknowledge t and l understan	ACKNOWLEDGEMENT hat I understand the safe practices for skin and SCUBA diving which include but are not limited to the practices listed below, d the importance and purpose of these safe practices and my responsibility to adhere to them:	
1. 2.	I should never skin or SCUBA dive while under the influence of alcohol or drugs; I must be in good physical & mental health. I should never dive alone or with a person with whom I have not thoroughly discussed the dive plan or before either of us has reviewed one another's diving equipment and emergency procedures. I know that teams of three or more divers are not	
3.	recommended. I should always dive with a buoyancy control device that has a power inflation system, a depth gauge, submersible pressure	
	gauge and a timing device.	
4.	I should adjust weights to maintain neutral buoyancy with no air/nitrox in my buoyancy control device at the surface of the water and position weights to keep the quick-release buckle centered and accessible at all times.	
5.	I should never dive in conditions I do not feel comfortable with or that exceed my physical ability.	
6. 7.	I should surface with at least 300-500 psi in my air/nitrox tank and never stay under water until my air supply is exhausted. I should dive within the decompression limits, making all dives "no decompression dives," and be proficient with the use of a dive table and/or computer.	
8.	I understand that each dive site may have special features and points of concern, such as areas of rapid depth change (drop-offs), possible current, etc. I know I should be aware of such things and if it is unclear to me, I am responsible for having my questions answered prior to entering the water.	
9.	I am responsible for knowing all fish and game regulations relating to any fish or game that I do take.	
This document s understand my re	hall be binding upon me and my successors, heirs, executors, administrators and assigns. I have read this agreement and fully sponsibilities and the legal rights that I am giving up by signing this document.	
Date:	Signature:	
PLEA	PLEASE PRINT ALL INFORMATION CLEARLY:	
	NAME	
	ADDRESS	

( ) I would like to be included on Truth Aquatics' Mail List. Interests: Diving \_\_\_ Hiking \_\_\_ Kayaking \_\_\_

**EMAIL**