

CIRCLEVILLE TWIN QUARRIES, INC.
1182 ISLAND ROAD
CIRCLEVILLE, OH 43113
(740) 474-9530

ENRTY FEE \$ _____
CAMPING \$ _____
TOTAL \$ _____

RELEASE LIABILITY AND EXPRESS ASSUMPTIONS OF RISK

(Please read carefully. Fill in ALL blanks and initial each paragraph before signing)

This is a release of your rights to sue CIRCLEVILLE TWIN QUARRIES, INC. and its employees, agents, and assigns for personal injuries or wrongful death that may occur during the forthcoming dive activity as a result of the inherent risk associated with scuba diving/snorkeling or a result of negligence. This release may be used against you in a court of law if you sue a released party or person.

I, _____, hereby state that I have taken a certified SCUBA course and have been issued a Scuba Certification card or am on this date taking part in a field trip dive under the supervision of a Certified Scuba Instructor.
Print Name

_____ I further state that I understand that the risks inherent in the conduct of skin diving or scuba diving and that my welfare cannot be the responsibility of the management of the facility. I understand that the water in which I intend to enter here is of adequate depth (approximately 30 feet) to expose me to medical and health risks and I hereby state that I am fully aware of such potential problems. I also understand that on this open-water dive trip, I will be at a remote site and that there will be no immediate medical care or hyperbaric care available to me.
Initial

_____ I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this activity, 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 the above listed individuals or companies responsible for the same.
Initial

_____ I understand that it is impossible for Circleville Twin Quarries, Inc. to supervise and protect me while scuba diving and skin diving due to the nature of the sport. I understand that diving with compressed air and following safe diving practices involves certain inherent risk...decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries foreseen or unforeseen.
Initial

_____ I also understand it is my responsibility to lock my vehicle and that Circleville Twin Quarries, Inc. is in no way responsible for theft of damages to that vehicle, or any lost or stolen articles of mine. I have taken all steps necessary to acquaint myself with this facility and the various underwater obstacles. I hereby agree to fully assume all risks foreseen or unforeseen while on the premises or on, in, entering, or leaving the water. I also understand that spearfishing, firearms, alcohol, pets and personal air fill stations are forbidden. I agree to abide by the warning and restrictions printed thereon.
Initial

_____ I further state that I am of lawful age and legally competent and not under the influence of alcohol or drugs to sign the liability and release, or that I have acquired the written consent of my parent or guardian.
Initial

_____ I will not swim and I will NOT snorkel without mask and flotation device.
Initial

_____ I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free will.
Initial

DIVER'S NAME (print) _____ AGE _____

ADDRESS _____ PHONE () _____

CITY _____ STATE _____ ZIP _____

Type of Certification PADI NAUI YMCA NASDS SSI IDEA PDIC OTHER

Level of Certification Student Open Water Advanced Open Water Rescue Divemaster
 Asst. Inst. Instructor
 Other _____

Date of Certification: _____ Instructor's Name _____ Dive Store _____

It is the intent of (print name) _____ by this instrument to exempt and release Circleville Twin Quarries, Inc. and all related entities as defined above from all liability whatsoever for personal injury, property damage, wrongful death caused by negligence.

I have fully informed myself of the contents of this liability release and express assumptions of risk by reading it before I sign it on behalf of myself and my heirs.

SIGNED _____

WITNESS _____
(Parent or Guardian where applicable)

DATE _____

DATE _____