



OPEN WATER DIVING CERTIFICATION ACKNOWLEDGMENT & WAIVER OF LIABILITY

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Certification Agency / Dive Shop: _____

Cert. Card #: _____ Date of Cert.: _____

I, _____, acknowledge that I am a certified scuba diver or under the direction of a certified instructor trained in safe diving practices. I do hereby affirm and acknowledge the inherent hazards and risks associated with scuba diving and/or snorkeling and/or swimming. I fully understand that these risks can lead to severe injury and even death. I make the following representation to the employees and agents of Loch Low-Minn LLC, a Tennessee company operating a scuba diving resort at 116 Co Rd 420, Athens, TN 37303, in order to obtain permission from said company to either engage in scuba diving or obtain an air tank fill at said resort or both, without which representation the company would not permit me to either engage in scuba diving or obtain an air tank fill at their resort.

REPRESENTATIONS:

I represent that I am the holder of a valid open water certification in scuba diving issued by the following agency:

I understand that scuba diving and skin diving, like other sports, often require strenuous exercise, but that unlike many land sports, in the case of diving, the diver is not in a natural terrestrial environment. There are many things that make scuba diving different from other activities, including swimming, and I understand those differences and inherent risks that exist in the practice of scuba diving. As part of my training, I understand that I should have a doctor's certificate approving my medical aptitude for diving. I have been cautioned and understand the reasons behind certain important rules as they relate to both skin and scuba diving. It has been stressed to me that I must never dive alone and that I must always respect the safety precaution of having and being a buddy, even in shallow water. I understand that certain basic safety equipment is always a must when diving and that this includes buoyancy compensation. I understand and know why a scuba diver breathing compressed air must never hold their breath and realize that if a diver was ascending from any depth and holding their breath while breathing compressed air, the air would expand, and that expansion could rupture the delicate alveoli in the diver's lungs. I understand the danger of carbon dioxide buildup, which could lead to unconsciousness if I hold my breath underwater or breathe irregularly.



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LOW-MINN**
SCUBA DIVING RESORT



I understand the danger of hyperventilation and the risk of blacking out when the desire to breathe is suppressed and the oxygen used up. I also understand why I must equalize the pressure in my ears and sinuses to prevent injury to my ear drums and injury to my sinus membranes.

I also understand the need to respect the dive tables and have been taught to use dive tables, limiting my dives to no decompression dives to avoid the danger of decompression sickness or the bends.

I hereby agree that I shall not engage in any dive or dives on the property of the Loch Low-Minn corporation that pursuant to the U.S Navy dive tables would require decompression.

I further confirm that since the date that I obtained open water certification in scuba diving, I have maintained a level of competence in the sport by practicing diving, and to this end I have maintained an open water diving log book, and I that the date of my last open water dive was _____.

WAIVER AND ASSUMPTION OF RISK

I, _____ hereby, for both my benefit and for my family, next of kin, and heirs at law, hereby voluntarily release, discharge, waive, and relinquish any and all actions or causes of actions for personal injury, property damage or wrongful death occurring to me or my property and arising from being on the premises and/or the engaging in either skin or scuba diving on the premises of the diving resort operated by Loch Low-Minn, no matter the proximate cause of such personal injury, property damage or wrongful death and I, for myself, my family, next of kin, heirs at law, executors and administrators, assume the risk of scuba diving on these resort premises and waive and release Loch Low-Minn, all its employees and agents and the record title owners of the resort real property from any and all claims or demands whatsoever, either in law or in equity which I, my family, my next of kin, my heirs at law, executors or administrators may have by reason of any matter or cause in connection with either being on the premises or engaging in scuba or skin diving on said resort property.

In witness thereof, I have signed this legal document on: _____
date

Scuba Diver:

Witnessed By:

EMERGENCY CONTACT

Name: _____

City/State: _____

Phone: _____