



**MASTER**  
LIVEBOARDS

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# Liability release and express assumption of risk agreement

**Please read carefully, fill in all blanks and initial each paragraph before signing.**

I \_\_\_\_\_ [INSERT FULL NAME] HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES (SEE SEPARATE APPENDIX A FOR REFERENCE) AND I AM AWARE OF THE INHERENT HAZARDS OF SNORKELING, SKIN DIVING AND SCUBA DIVING.

In consideration of permitting me \_\_\_\_\_ [INSERT FULL NAME] to participate in the cruise on board the \_\_\_\_\_ [INSERT VESSEL NAME] from \_\_\_\_\_ [INSERT DEPARTURE PORT] to \_\_\_\_\_ [INSERT ARRIVAL PORT] operating in Egypt. (hereinafter the "Cruise").

Certification Level: \_\_\_\_\_ No. of logged dives: \_\_\_\_\_ Date of last Dive: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Please initial the following statements:**

\_\_\_\_\_ I HEREBY ACKNOWLEDGE that snorkelling, skin diving and scuba diving are potentially dangerous activities that involve the risk of serious injury and/or death and/or property damage and agree to assume all the associated risks.

\_\_\_\_\_ I FURTHER ACKNOWLEDGE that scuba diving with compressed air and/or oxygen-enriched air (hereinafter "Nitrox") involves certain inherent risks: decompression sickness, embolism or other hyperbaric injuries can occur that require treatment in a re-compression chamber and I expressly assume all such risks.

\_\_\_\_\_ I ACKNOWLEDGE that I have received and have understood the vessel safety briefing and the general scuba diving safety briefing that outlined the local regulations and laws concerning scuba diving.

\_\_\_\_\_ I CERTIFY that I will adhere to the vessel safety guidelines and general scuba diving safety guidelines, as well as abiding to the local rules and laws.

\_\_\_\_\_ I ACKNOWLEDGE that there are additional risks associated in boat travelling with my participation in the Cruise including but not limited to slipping or falling whilst on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils at sea; all of which can result in serious injury or death, and I expressly assume all such risks.

\_\_\_\_\_ I FURTHER UNDERSTAND that the Cruise and associated scuba diving activities may be conducted at sites that are remote, either by time or distance or both, from a recompression chamber and emergency medical facilities. I still choose to proceed with such activities in spite of the possible absence of a recompression chamber or medical facilities in proximity to the dive site. By signing this Liability Release and Express Assumption of Risk Agreement (hereinafter the "Agreement"), I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip, land excursions and scuba dives, whether conducted as recreational dives or part of a diving class.

\_\_\_\_\_ I UNDERSTAND that without proper training, entering an overhead environment, such as a cave, is dangerous and increases the hazards involved in scuba diving. By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as recreational dives or part of a diving class.

\_\_\_\_\_ I UNDERSTAND AND AGREE that neither the divemaster/dive supervisor/instructor; nor the crew; nor the owners of the vessel; nor the operator of the vessel, including all of its subsidiaries; nor the vessel itself, nor Blue Master Holdings Limited, and International PADI, Inc., nor its affiliate or subsidiary corporations; nor the owners, officers, directors, shareholders, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter the "Released Parties") may be held responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in the Cruise and/or associated scuba diving activities, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

\_\_\_\_\_ I UNDERSTAND the dangers of breath holding while scuba diving, and I will not hold the Released Parties and related entities (such as employees, instructors, boat operators or diver training agency) responsible if I am injured doing so.

\_\_\_\_\_ I ACKNOWLEDGE that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive according to my plan, maintain buddy contact and follow the instructions of the dive supervisor/vessel crew, including the dive briefing. If the diving conditions exceed my qualification or are deemed too dangerous for me, the dive guide and the Released Parties reserve the right to stop me diving.

\_\_\_\_\_ I AGREE to inspect all of my equipment prior every use to the activity, ensuring that I have all the necessary equipment and that it is functioning properly. I will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

\_\_\_\_\_ I UNDERSTAND that my itinerary may be affected by various elements outside of the Released Parties' control (such as but not limited to: weather, medical evacuation, local conditions, etc.). I agree that the captain has the final word about the itinerary bearing the safety of all on board.

\_\_\_\_\_ I UNDERSTAND that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, 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 Released Parties responsible for the same.

\_\_\_\_\_ I UNDERSTAND that this vessel is not a "floating hospital." I am aware that the boat operates in remote areas and has limited medical facilities. In the event of illness or injury, appropriate medical help must be summoned and that treatment will be delayed until I can be transported to a proper medical care facility. I agree to be fully responsible and liable for all costs of the medical evacuation, transportation, medical care and associated expenses in such an eventuality.

\_\_\_\_\_ I FULLY ASSUME all responsibility and all risk associated for the use of any medications, medical devices and/or medical supplies available on board and understand that the presence and availability of these medications, medical devices and/or medical supplies on board does not constitute a recommendation nor a prescription for their use. The decision to use any medications, medical devices and/or medical supplies on board is mine and mine alone. I agree to hold blameless all of the Released Parties for any harm associated with the use of said medications, medical devices and/or medical supplies, regardless of whether the medications, medical devices and/or medical supplies in question be approved in my country of residence, or the country of my citizenship.

\_\_\_\_\_ I HEREBY EXEMPT AND RELEASE THE RELEASED PARTIES FROM ALL RESPONSIBILITY AND LIABILITY TO MYSELF, MY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OF DEMANDS THEREOF ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF RELATED TO MY PARTICIPATION IN THE CRUISE AND IN ANY DIVING ACTIVITIES THAT MAY OCCUR, WHETHER SUCH LOSS OR DAMAGE BE CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE.

\_\_\_\_\_ I HEREBY ACKNOWLEDGE THAT INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASED PARTIES AND AGREE THAT THIS AGREEMENT EXTENDS TO ALL ACTS OF NEGLIGENCE BY THE RELEASED PARTIES, INCLUDING NEGLIGENT RESCUE OPERATIONS.

\_\_\_\_\_ I DECLARE that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written consent of my parent or guardian. I understand the Terms herein are contractual and not mere recital, and that I have signed the Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

\_\_\_\_\_ I FURTHER UNDERSTAND that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

\_\_\_\_\_ I DECLARE that I have suitable dive and accident insurance:

\_\_\_\_\_ [INSURANCE NAME] and \_\_\_\_\_ [POLICY NUMBER]

\_\_\_\_\_  
Signature of Participant                      Passport Number                      Date

\_\_\_\_\_  
Guardian's Signature (if applicable)                      Guardians's Passport Number                      Date



## Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

### Directions

**Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.**

**Note to women:** If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box <b>A</b>	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box <b>B</b>	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box <b>C</b>	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box <b>D</b>	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box <b>E</b>	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box <b>F</b>	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box <b>G</b>	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

### Participant Signature

**If you answered NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

\_\_\_\_\_  
Participant Signature (or, if a minor, participant's parent/guardian signature required.)

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Participant Name (Print)

\_\_\_\_\_  
Birthdate (dd/mm/yyyy)

\_\_\_\_\_  
Instructor Name (Print)

\_\_\_\_\_  
Facility Name (Print)

\* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

## Diver Medical | Participant Questionnaire Continued

<b>BOX A – I HAVE/HAVE HAD:</b>		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX B – I AM OVER 45 YEARS OF AGE AND:</b>		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX C – I HAVE/HAVE HAD:</b>		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX D – I HAVE/HAVE HAD:</b>		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX E – I HAVE/HAVE HAD:</b>		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX F – I HAVE/HAVE HAD:</b>		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX G – I HAVE HAD:</b>		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

# Diver Medical | Medical Examiner's Evaluation Form

**Participant Name**

**Birthdate**

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit [uhms.org](http://uhms.org) for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

## Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

**Medical Examiner's Name**

(Print)

**Clinical Degrees/Credentials**

**Clinic/Hospital**

**Address**

**Phone**

**Email**

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

**The Undersea & Hyperbaric Medical Society**

**DAN (US)**

**DAN Europe**

**Hyperbaric Medicine Division, University of California, San Diego**