

**WAIVER AND RELEASE FROM LIABILITY FORM – HELMET DIVING/UNDERSEA WALK ACTIVITY**

**1. HELMET DIVER’S INFORMATION**

<b>SURNAME:</b> ..... <b>NAME/S:</b> ..... <b>NATIONALITY:</b> .....
<b>Age:</b> ..... <b>Passport No(if non-resident):</b> .....
<b>I.D number(if Mauritian):</b> ..... <b>Address in Mauritius:</b> .....
<b>Address (Home):</b> .....
<b>Email:</b> .....
<b>Person to contact in case of incident/accident:</b> .....
<b>Phone Number of contact person:</b> .....

**2. ACKNOWLEDGEMENT OF RISK**

**Please read this declaration carefully before signing.**

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| <ul style="list-style-type: none"><li>(a) In signing this document, I affirm that I am aware of and understand that Helmet Diving as the well as the aquatic environment in which it takes place have inherent risks.</li><li>(b) I hereby declare that I am physically fit.</li><li>(c) I agree to abide by and respect the security measures and information given during the pre-dive verbal and physical briefing of which I have been informed by the Site Manager.</li><li>(d) I accept that the activity may be stopped or cancelled by a decision taken by the Site Manager due to weather or sea conditions.</li><li>(e) I assume full responsibility for all risks as well as any injuries or damage in relation with the activity for which I have signed up and which could be due to my acts. I undertake personally, as well as on behalf of my family, heirs, assigns or beneficiaries not to proceed with any claim, lawsuit or plaint against the Site Manager or staff members.</li><li>(f) In case of incident/accident, I authorise the Site Manager to transport me or have me transported for examination by a doctor. If the medical advice is treatment and if unconscious or incapable, I authorise the Site Manager or his staff to sign on my behalf.</li><li>(g) I understand that the terms used in this document are contractual and that I have signed this document of my own free will.</li></ul> |
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(Please write “Read and Approved”).....	
Signature:.....	Date:.....
Signature of parent or responsible party:.....	Date:.....