Pennyroyal Scuba Center Inc. Blue Springs Resort

[Place Label Here]

Diver Registration & Liability Waiver

(Please Print All Information)		
Name Last:		heck One: ertifying Agency: PADI SSI NAUI
Address:	, City: IA	ANTD MDEA PDIC SDI/TDI
State:, Zip Code:	, Phone #: ()III	DEA YMCA NASDS Other:
Email:	, Cert Level:	
Certification Card #:	, DOB// Cer	e You A (Check One :) Student rtified Diver Dive Master tructor
Please read the S This is a release of your rights to sue Pennyro	Release of Liability & Express Statement & Understanding carefully. Fill in Oyal Scuba Blue Springs and its Owners, Staff, Agents and Assigns for the herent risk associated with scuba diving/snorkeling or a result of neglig	Assumption of Risk ALL blanks before signing personal injuries or wrongful death that may occur during th
part in a field trip dive under the sure I further state that I understand that the facility. I understand that the water in which aware of such potential problems. I also understand that skin diving/s result of a heart attack, panic, hype hold the above listed individuals or I understand that it is impossible for skin diving due to the nature of the decompression sickness, embolism I also understand that is it my responsible for damages to that vehicle, or obstacles. I hereby agree fully assure fishing, firearms, alcohol, pets, and I further state that I am of lawful against a gree to abide by all rules set four face. I also understand that Pennyroyal Sunderstand that I forfeit the admiss I understand that the terms herein a I furthermore understand that this contacts.	th by Pennyroyal Scuba Blue Springs, and that if I do not follow these scuba Blue Springs Resort reserves the right to refuse service to anyone	t my welfare cannot be the responsibility of the management e to medical and health risk and I hereby state that I am fully an myself during this activity, and that if I am injured as a expressly assume the risk of said injuries and that I will not springs to supervise and protect me while scuba diving and or diving practices involves certain inherent risks, ajuries foreseen and/or unforeseen. The property of the said injuries and that I will not supervise for the cquaint myself with this facility, and the various underwater neering or leaving the water. I also understand that spear warnings and restrictions printed thereon. The state of the said injuries that I will have to accept the consequences that I could be at any time for any reason, and that if asked to leave I comment of my own free will.
Diver Signature: X	, Date: /_/	!!!PSC Office Use Only!!!
Witness Signature: X		Date Entered//
Parent/Guardian Statement		Card Issued: Yes No
all the terms and conditions herein. I have reachave given up substantial rights by signing it, and voluntarily without any inducement, assur complete unconditional release of all liability,	becument on behalf of my minor child and agree to be specifically bound this agreement, fully and understand the terms herein, understand that am aware of its legal consequences, and have signed this document frequence, or guarantee having been made to me. I intend my signature to be damages, or cost that may occur which arises out of my minor child's activities on or about the premises of Pennyroyal Scuba Blue Springs, scuba Blue Springs, or otherwise.	t I C-Card Verification: Yes No
Parents Name (Print):	Signature: X	Date: / /