



Pim's Tekdiving PTD

Express Assumption of the Risk



This document is a legally binding contract, which is intended to express the assumption of risk, but is not intended to assert any claims or defenses which are prohibited by law. The specific rights of the parties may vary from country to country.

Please place your initials next to each of the following sections:

___ I hereby affirm that I have been advised and thoroughly informed of the inherent hazards of (technical) scuba diving.

___ I understand the inherent risks of scuba diving; including but not limited to decompression sickness, air embolism, drowning, or other injuries that may occur that require treatment in a recompression chamber. I understand that the dives during the and/or Training may be conducted at a site that is remote, whether by time or distance or both, from such recompression chamber. I still choose to proceed in spite of the possible absence of a recompression chamber in proximity to the dive site.

___ I authorize others to administer first aid or obtain proper medical attention if necessary in the case of a medical emergency.

___ I affirm that I have completed appropriate training to make the dives during the Expedition and/or Training and have presented a certification card as evidence of successful completion of said training.

___ I affirm that I personally will analyze the gas (mixes) in all scuba cylinders to be used by myself, including the cylinder pressure.

___ I affirm that I personally will stay within the factory limits of the scrubber durations, when diving a closed circuit rebreather.

___ I affirm that I personally will stay within the technical diving limits of my training agency, such as PO2 (MOD and TOD), PN2 (END), CNS% and OTU.

___ I affirm that I have no medical history or condition and am taking no medication contraindicated for diving and have presented a doctor's statement less than one year old affirming my fitness to technical diving.

___ I am fully aware of the benefits of having a trip cancellation, travel, medical and diving insurance (with Emergency Evacuation coverage) and should I not have one, I assume full responsibility and prepare to pay for all expenses related to evacuation, recompression chamber treatment and other incidentals incurred in getting medical attention.

___ I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this document is found to be unenforceable or invalid, that

provision shall be severed from this document. The remainder of this document will then be construed as though the unenforceable provision had never been contained herein.

Witnessed by

Full name: _____

Full name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____