Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

EQUIPMENT RENTAL AGREEMENT

Name						Date	Rented		Date Due		
Address						Date Returned			Received By		
							No			-	
Phone Home ()					Credit Card Number Exp. Date						
Phone V	Vork ()_									_	
Email Address Local Address						*I authorize the Dive Center/Resort to charge my credit card the daily rate if equipment is not returned by due date					
					Certification Level Date						
					Certification # Agency						
				DAILY						DAILY	
QTY	ITEM	SERIAL #	SIZE	RATE	AMOUNT	QTY	ITEM	SERIAL #	SIZE	RATE	AMOUNT
	Tank(s)					 	Mask				
	Regulator						Snorkel				
	w/console						Fins				
	w/computer					l	Boots				
	Sidemount Rig/Mount						Gloves				
									l/a/lb		
	BCD						w/Weights		kg/lb		
	Rebreather					<u> </u>	Weight Belt		kg/lb		
	Exposure suit						Light				
	Wet Suit						Camera/Video				
	Dry Suit						Other				
	Dive Skin					 					
	Hood				SUBTO)TAL	+ TAX	= 1	ΓΟΤΑL		_
TOTAL DAYS TOTAL PER DAY TOTAL DUE											
IOINE DATO		I VINE I LIL	I VIAL I LII DAI		TOTAL DUE		RETURN DEPOSIT				
							☐ CREDIT CARD	☐ CAS	Н		

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Egon MENT HENTAL AGITEEMENT
Please read carefully and fill in all blanks before signing.
THIS AGREEMENT is entered into between Blue Planet Scuba and ,, for the rental of scuba and/or skin diving equipment. This AGREEMENT is a release of my rights and the rights of my heirs, assigns or beneficiaries to sue for injuries or death resulting from the rental and/or use of this equipment. I personally assume all risks of skin and/or scuba diving whether foreseen or unforeseen, related in any way to the rental and/or use of this equipment.
Non-Agency Disclosure and Acknowledgment Agreement
I understand and agree that PADI Members ("Members"), including
Liability Release and Assumption of Risk Agreement
I understand and agree that
I hereby acknowledge receipt of the equipment designated in this form, and, if any of this equipment is to be used for scuba diving I affirm a certified scuba diver or student diver in a scuba diving course/program under the supervision of a certified scuba instructor.
I affirm it is my responsibility to inspect all of the equipment and acknowledge it is in good working condition. I affirm that it is my responsibilit to check both the quality and quantity of gas in any scuba tanks. I acknowledge that I should not dive if the equipment is not functionin properly. I will not hold the Released Parties responsible for my failure to inspect the equipment prior to diving or if I choose to dive wit equipment that may not be functioning properly.
I understand that skin diving and scuba diving are physically strenuous activities, that I will be exerting myself during these activities, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of sai injuries and that I will not hold the Released Parties responsible for the same.
I agree to reimburse the Dive Center/Resort for the loss or breakage of any and all equipment at the current replacement value and to als pay for damages incurred while transporting the equipment. I agree to return the equipment in clean condition and to pay a cleaning fee not returned cleaned.
I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of mean parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my ow free act and with the knowledge that I hereby agree to waive my legal rights. I further agree 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 construe as though the unenforceable provision had never been contained herein.
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, and beneficiarie may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.
I,
I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLDGEMEN AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW O BEHALF OF MYSELF AND MY HEIRS.
Participant's Signature Date (day/month/year)