



**2026 Waiver and Release of Liability Assumption of Risk & Indemnity Agreement for Blue Foot Diving LLC Charter Boats**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Scuba cert #: \_\_\_\_\_

Address: \_\_\_\_\_

**Please initial each paragraph.**

In consideration of permitting me to participate in recreational and/or technical scuba diving charters and related dive and boat operations conducted by Andrew Driver and the crew on the charter boats belonging to Blue Foot Diving for the calendar year 2026, I, for myself, acknowledge by my initials and signature the following paragraphs. Initial \_\_\_\_\_

I hereby acknowledge that SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY, and involves the risk of serious injury and/or death and/or property damage. I further acknowledge that diving with compressed gases including Air, Helium, Nitrox, Oxygen, Trimix, involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. I UNDERSTAND that these diving charters may be conducted at sites that are remote, either by time or distance or both, from a chamber or medical facilities. I FURTHER ACKNOWLEDGE that it is entirely my responsibility to determine that I have proper diving equipment and compressed gas mixtures, proper physical and mental health, appropriate training and prior experience for each diving charter and dive I undertake.

Initial \_\_\_\_\_

I hereby RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE, Blue Foot Diving or Andrew Driver its facility, the dive leader, or any of its officers, instructors, agents or employees (the Releases) FROM ALL LIABILITY TO MYSELF, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF

INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION IN THESE CHARTERS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, now and forever, arising out of or related to participation on these charters, whether foreseen or unforeseen and whether caused by the negligence of the Releases or otherwise. Initial \_\_\_\_\_

I hereby separately agree to INDEMNIFY and SAVE and HOLD HARMLESS the Releases from any loss, liability, damage or cost they may incur, now and forever, arising out of or related to participation on these charters, whether caused by the negligence of the Releases or otherwise. Initial \_\_\_\_\_

I HEREBY acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASES and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as permitted by the laws of the Province or State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Initial \_\_\_\_\_

I have read this waiver and Release of Liability, Assumption of risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release from all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader and the captain the potential dangers incidental to these charters. Initial: \_\_\_\_\_

Print, Sign, and Date \_\_\_\_\_

Participant wishes to be kept on file for use in year 2026. Initial \_\_\_\_\_

Signature of Witness and Date \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Emergency Contact Name & Number of diver \_\_\_\_\_

BLUE FOOT DIVING LLC, 23898 State Route 26, Alexandria Bay NY 13607