

LIABILITY RELEASE AND EXPRESS ASSUMPTIONS OF RISK FOR DIVING IN THE MARSHALL ISLANDS

This is a release of your rights to sue Indies Trader Marine Adventures Inc., the People of Bikini Atoll, the Local Government Councils, and/or any of their employees, agents and assigns, and any entity that exists for the benefit of the People of Bikini Atoll for personal injuries or wrongful death that may occur during your forthcoming dive activities at said Atolls as a result of the inherent risks associated with scuba diving/snorkelling and the unique environment at said Atolls.

1. I acknowledge that I am a certified scuba diver trained in safe diving practices. I have been trained in the proper use of skin and scuba diving equipment and certified through:

Agency Name: _____

Card Number: _____

Date Certified: _____

Highest Level of Certification: _____

PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CERTIFICATION CARD

2. I understand that diving with compressed air involves certain inherent risks, including decompression sickness, embolism, or other hyperbaric injuries. I further understand that even though I follow all the appropriate dive practices, there is still some risk of sustaining these injuries, and I expressly assume the risk and responsibility of said injuries.
3. I understand that if there is a decompression Chamber on board the diving vessel it is to be used at my own risk and if I receive treatment for Decompression sickness (DCS) or any other condition that I will hold all parties harmless should I incur any sickness, injury and any further treatment that may be required subsequent to use of this facility.
4. I have completed at least _____ dives.
5. My certification level is _____.
6. The approximate date of my last dive was _____.
7. I understand that the safe practices of skin and scuba diving include but are not limited to the following:
 - 7.1. I will not skin or scuba dive while under the influence of alcohol, drugs and / or any other controlled substance.
 - 7.2. I will not dive alone or with a person with whom I have not thoroughly discussed the dive plan. Each of us will review one another's diving equipment and emergency procedures before each dive.
 - 7.3. I will dive with a buoyancy control device that has a power inflation system, a depth gauge, a submersible pressure gauge and a timing device.
 - 7.4. I will adjust weights to maintain neutral buoyancy with no air in my buoyancy control device at the surface of the water and position weights to keep the quick-release buckle centered and accessible at all times.
 - 7.5. I will not dive in conditions in which I do not feel comfortable or that I believe exceed my physical abilities.
 - 7.6. I will surface with at least 300-500psi in my air tank and will not stay underwater until my air supply is exhausted.
 - 7.7. I am proficient with the use of a dive table and/or a dive computer.
 - 7.8. I understand that the boat Captain and Divemaster(s) will make the final selection of a dive location, based upon weather and water conditions, and I will abide by their selections.
8. I carry adequate private insurance to handle any medical problems that may develop in connection with my upcoming dive trip to the Marshall Islands.

8.1. Insurance Company : _____

8.2. Number : _____

8.3. Contact Information : _____

9. I certify that I am in good physical and mental health.
10. I state that I am at least twenty-one (21) years of age and legally competent to sign this Liability Release and Express Assumption of Risk.
11. I am signing this form at least forty-five (45) days prior to my departure on diving vessel.
12. I understand that this Liability Release and Express Assumption of Risk constitutes a contract between myself and the released parties listed above that I have signed this document of my own free will.
13. I understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during my diving at Bikini. If I am injured at Bikini as a result of a heart attack, panic attack, hyperventilation or other injury/illness related to diving, I expressly assume the risk of said injuries.

THIS SECTION TO BE COMPLETED FOR ALL BIKINI ATOLL DIVES:

14. I understand that most of the dives I will conduct at Bikini Atoll are well beyond suggested recreational limits. Specifically, I understand that most dives will be between 60 and 180 feet. I hereby acknowledge that I have received the proper training or have the necessary skills and experience to safely conduct dives at these depths.
15. Because of the extreme depth involved in diving at Bikini, I understand that I may be engaging in "stage decompression diving". I understand that this is a specialized procedure, and I hereby acknowledge that I am experienced in and comfortable with the procedures associated with staged decompression diving.
16. I understand that the United States Government conducted twenty-three (23) atomic and hydrogen bomb experiments at Bikini Atoll between 1946 and 1958 and that the ships I will dive on at Bikini received radiation from two (2) 1946 atomic tests. I acknowledge that I have received and read a ten (10) page report by W.L. Robison of Lawrence National Laboratory entitled Estimates of Radiological Dose to People Living on Bikini Island for Two weeks While Diving in and Around the Sunken Ships in Bikini Lagoon. I have also read the summary of this report, which states: "The potential dose to a person swimming in the Bikini Lagoon around or through the sunken ships is so low from both the activation products originally induced in the ships and from radionuclides in the lagoon's sediment that it can be considered essentially zero." I further understand that 25% of the world's population dies of cancer, and I expressly assume the risk (however low it may be) that I may contract cancer or any other radiation-induced disease or illness as a result of my visit to Bikini.
17. I understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during my diving at Bikini. If I am injured at Bikini as a result of a heart attack, panic attack, hyperventilation or other injury/illness related to diving, I expressly assume the risk of said injuries.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF, AND EHIRS AND MY ESTATE.

Signature of Diver : _____

Printed Name of Diver : _____

Date ; _____