



INSTRUCTOR RELEASE AND STUDENT SIGN-IN

I, _____, am a CERTIFIED INSTRUCTOR under _____, a nationally recognized certifying agency. I have _____ students under my supervision and take full responsibility for their safety and well-being while on the premises of BLUE WATER PARK, LLC in PELHAM, ALABAMA. I certify that I currently hold an Instructor rating and that my liability insurance has been paid and is current. I agree to hold the employees, officers, owners, managers or other entities associated with BLUE WATER PARK, LLC harmless from any liability or injury to myself, my students or from my activities this day (or session), while on the premises.

I fully understand that BLUE WATER PARK LLC is not responsible for lost or stolen equipment. I further certify that all the gear of my students and other persons under my supervision is in good operating condition. The undersigned students, as further consideration (and condition for admission), agree to hold the employees, officers, owners, managers and any other entities associated with BLUE WATER PARK, LLC harmless from any liability or injury to myself or from my activities this day (or session), while on the premises.

| | |
|-----------------------|-------------------|
| Instructor Name | Dive Shop Phone |
| Instructor Phone | Dive Shop Email |
| Instructor Email | Dive Shop Address |
| Dive Shop Represented | City, State, Zip |

Students and Divemasters, Assistant Instructors, Dive Cons, etc. are required to sign in below:

| | <u>Print Name</u> | <u>Signature</u> | Student | DM/AI/DC |
|-----|-------------------|------------------|--------------------------|--------------------------|
| 1. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|----------------------|------------------------|
| Instructor Signature | Date _____/_____/_____ |
|----------------------|------------------------|