



**OL' SALTY II**  
**Nick Caruso Enterprises Incorporated**  
**1651 Martin Road**  
**Wall Township, NJ 07753**  
**1-800-836-TUNA**

**VOLUNTARY RELEASE WAIVER AND INDEMNITY AGREEMENT**

I, (print name) hereby affirm that I am well advised and thoroughly understand the potential hazards of SCUBA diving. I am a certified diver and have been taught and understand that scuba diving has inherent risks and dangers associated therewith including, but not limited to, decompression sickness, embolism, equipment failure or malfunction, acts of fellow divers, depletion of the diver's breathing gas supply, becoming lost or disoriented at depth, becoming entangled or entrapped by objects on the sea floor or wreck, onset of sudden illness at depth, or other perils of the sea which could cause injury or drowning, and **I SPECIFICALLY ASSUME SUCH RISKS.**

It is my intention by this instrument to **give up my right to sue** OL' Salty II / Nick Caruso Enterprises Inc./ Capt. Nick Caruso, Seadwellers Inc. of NJ, NAUI, TDI/SDI, and their officers, agents, servants, and /or employees, whether specifically named or not, and it is also my intention to exempt and relieve OL' Salty II / Nick Caruso Enterprises Inc./ Capt. Nick Caruso, Seadwellers Inc. of NJ, NAUI, TDI/SDI and their officers, agents, servants, and/or employees and to hold these entities harmless from any liability for personal injury, property damage, or wrongful death caused by negligence whether passive or active and **I agree to assume all risk** in connection with my scuba diving activities.

**I understand** that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that **I understand and agree** that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provisions had never been contained herein.

The under signed for him/herself, his/her heirs, executors, and administrators, or assigns agrees that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted by or on behalf of the undersigned against OL' Salty II / Nick Caruso Enterprises Inc./ Capt. Nick Caruso, Seadwellers Inc. of NJ, NAUI, TDI/SDI and their officers, agents, servants, and/or employees, he/she shall indemnify and hold harmless the same from any and all claims or causes of action by whomever or wherever made or presented from personal injuries, damage or wrongful death.

It is my intention that **this document be admissible in any and all legal proceedings, or lawsuits**, that might arise from my scuba diving activities.

**I have read and understand the foregoing in its entirety.** I agree to the terms and conditions of each section above on behalf of myself, my heirs, and my personal representatives. I have not modified the content of this document in any way.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth / Age: \_\_\_\_\_ E-mail: \_\_\_\_\_

Certification Agency: \_\_\_\_\_ Certification Level and Number: \_\_\_\_\_

In Case of Emergency Please Notify: \_\_\_\_\_ Relation: \_\_\_\_\_ Tel.: \_\_\_\_\_

Dive Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical information/conditions: \_\_\_\_\_

Diving/Gases being used (check & complete all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> OPEN CIRCUIT SCUBA  | <input type="checkbox"/> REBREATHER   |
| <input type="checkbox"/> AIR <input type="checkbox"/> NITROX <input type="checkbox"/> TRIMIX <input type="checkbox"/> DECO | <input type="checkbox"/> DILUENT <input type="checkbox"/> BAILOUT <input type="checkbox"/> DECO |
| MIX _____    MIX _____    MIX _____  | MIX _____    MIX _____    MIX _____   |
| MIX _____    MIX _____    MIX _____  | MIX _____    MIX _____    MIX _____   |

In the event of an accident, this information will be provided to assisting health care personnel. Other than that, this information is strictly confidential.

**Diver's Alert Network Emergency Phone Number: (919) 684-8111**

Place Any Additional Information on Reverse Side

Received By: \_\_\_\_\_