



PEARL FLEET PRIVATE LIMITED

General Liability Release and Assumption of Risk Agreement

In signing this form, I hereby acknowledge that I have carefully read and agreed to its contents, and that I understand the implications and risks involved.

Agreement for Snorkeling, Skin and Scuba Diving Activities

I confirm that I am a qualified and certified scuba diver and I agree to follow the safe diving practices of my training organization(s).

I agree to inspect all of my equipment prior every use to the activity, ensuring that I have all the necessary equipment and that it is functioning properly. I will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

I acknowledge the fact that decompression diving and solo diving are not permitted.

I agree not to exceed 40-meter depth, except in case of a life-threatening emergency. I also understand that it is my responsibility to check to what depths my insurance provides coverage.

I agree to always dive in a buddy pair and that this buddy can be assigned to me by the dive guides. Pearl Fleet Private Limited's dive team will provide a detailed dive briefing before I enter the water. I am aware that the dive guide will not provide any training during the dive, and I dive at my own risk. As a certified diver, I am responsible for my own and my buddy's safety during the dive.

I agree to plan my dive and dive my plan by using a personal dive computer.

I agree to carry and use a Surface Marker Buoy (SMB) if I finish the dive without the dive guide. I must begin, execute, and end the dive with my dive buddy.

I understand that without proper training, entering an overhead environment, such as a cave or a shipwreck, is dangerous and increases the hazards involved in scuba diving. I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as recreational dives or part of a diving class.

I understand and agree that neither the divemaster/dive supervisor/instructor; nor the crew; nor the owners of the vessel; nor the operator of the vessel, including all of its subsidiaries; nor the vessel itself, nor Pearl fleet Private Limited, and International PADI, Inc., nor its affiliate or subsidiary corporations; nor the owners, officers, directors, shareholders, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in the cruise and/or associated activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I confirm that I am aware of the inherent hazards of snorkeling, skin and scuba diving. I assume all risks connected with snorkeling, skin and scuba diving and will not hold Pearl Fleet Private Limited responsible for any injuries including, but not limited to, heart attack, physical/mental strain or exertion, decompression sickness, embolism, oxygen toxicity, inert gas narcosis, hypoxia, hypercapnia, marine life injuries or other barotrauma or hyperbaric injuries.

I agree to always respect the maximum operating depth limits applicable to my level of training and the gas mix used. In case of using Enriched Air Nitrox, I agree to personally analyze cylinders for my use and complete the Nitrox fill station log before the dive. It is my responsibility to set up my dive computer parameters accordingly.

The use of Pearl Fleet Private Limited's rental equipment and the verification of its good working order will be done upon my own judgement. I agree to return the equipment at the end of the rental period in the same condition and will be responsible for the loss or damage to the said equipment. Pearl Fleet Private Limited is not responsible for any damages or losses of any equipment whether the property of belongs to me or Pearl Fleet Private Limited.

I understand that my itinerary may be affected by various elements outside of the Released Parties' control, such as but not limited to weather, medical evacuation, local conditions, etc. I agree that the Cruise Director and Captain have the final word about the itinerary bearing the safety of all on board.

Agreement Regarding Health Conditions and Potential Emergencies

I confirm that I am in good mental and physical health for diving, that I do not have any medical condition that is contraindicated to snorkeling, skin or scuba diving.



I agree not to drink any alcoholic beverages before I dive. I give Pearl Fleet Private Limited the permission to deny me of any dives should I drink any alcoholic beverages before diving, or if I am still under the influence of alcohol before diving.

I agree not to dive after the use of medication or when feeling unwell. If I am taking any medication, I declare that I have seen a physician and have approval to dive under the conditions of this activity while under the influence of the medication/drugs. I understand if I have any medical condition contrary to diving, I must inform the staff of Pearl Fleet Private Limited prior to participating in any activities conducted by the company, and produce a diving medical certificate completed by a diving medical specialist (PLEASE REFER TO [APPENDIX A](#) FOR FULL LIST).

I agree to bear all the costs of medical treatment, chamber costs, recovery, and transport charges in the event of an accident. In the event I am unable to decide for myself, I authorize Pearl Fleet Private Limited and their agents to arrange medical treatment on my behalf. I will provide Pearl Fleet Private Limited with details of my insurance company, policy number and emergency contact details. I understand that if any accident happens, it may take some time to reach a medical centre and that the costs of medical assistance can be high.

IT IS MY RESPONSIBILITY to check that my insurance plan provides adequate coverage and that I dive within the limits of the coverage provided.

Agreement Regarding Safety on the Boat

Extra due care is required when diving, operating and living on a boat due to the increased hazard of, but not restricted to, movement in rough seas, wet decks and equipment movement. I acknowledge that there are additional risks associated in boat travelling with my participation in the Cruise including but not limited to slipping or falling whilst on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils at sea; all of which can result in serious injury or death, and I expressly assume all such risks.

I will not hold Pearl Fleet Private Limited responsible for any damages that can be attributed to possible boating hazards. I understand and accept the risk of diving near to and from boats and tenders.

I hereby exempt and release the released parties from all responsibility and liability to myself, my personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim of demands thereof on account of injury to my person or property or resulting in my death, now and forever, arising out of related to my participation in the cruise and in any diving activities that may occur, whether such loss or damage be caused by the negligence of the released parties or otherwise.

I hereby acknowledge that injuries received may be compounded or increased by negligent rescue operations or procedures of the released parties and agree that this agreement extends to all acts of negligence by the released parties, including negligent rescue operations.

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 my parent or guardian.

I declare that I have suitable dive and accident insurance:

_____	_____	_____
Full Name	Parent's/Guardians Full Name	Date: Day/Month/Year
_____	_____	_____
Participant's Signature	Parent's/Guardian's Signature	Date: Day/Month/Year



APPENDIX A

Guidelines for Recreational Scuba Diver's Physical Condition

Recreational SCUBA (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

This guideline focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and their physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, Severe Risk implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a diver with such medical problems from diving. Relative Risk refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the diver to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4 DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the pre-existing disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- History of Head Injury with sequelae other than seizure
- Herniated Nucleus Pulposus
- Intracranial Tumor or Aneurysm
- Peripheral Neuropathy
- Multiple Sclerosis
- Trigeminal Neuralgia
- History of spinal cord or brain injury

Temporary Risk Condition

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions



Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- History of seizures other than childhood febrile seizures
- History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
- History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

*METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

Relative Risk Conditions

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation

Pacemakers

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory dis-ease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions

- History of Asthma or Reactive Airway Disease (RAD)*
- History of Exercise Induced Bronchospasm (EIB)*
- History of solid, cystic or cavitating lesion*
- Pneumothorax secondary to:
 - Thoracic Surgery
 - Trauma or Pleural Penetration*
 - Previous Overinflation Injury*

Obesity

- History of Immersion Pulmonary Edema Restrictive Disease*
- Interstitial lung disease: May increase the risk of pneumothorax

* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal pulmonary function tests or a positive exercise challenge are concerns for diving.

Severe Risk Conditions

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

GASTROINTESTINAL

Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

Relative Risk Conditions

- Inflammatory Bowel Disease
- Functional Bowel Disorders

Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the diver surfaces and can lead to rupture, or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

Severe Risk Conditions

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/escalate the progression).

Temporary Risk Conditions

- Back pain

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (for example, in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions

- Sickle Cell Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions

- Hormonal Excess or Deficiency
- Obesity
- Renal Insufficiency

Severe Risk Conditions

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See "Guidelines for Recreational Diving with Diabetes" at the website of the [World Recreational Scuba Training Council](#) and [Divers Alert Network](#)]

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The diver must have sufficient learning abilities to grasp information presented to them by their instructors/dive guide, be able to safely plan and execute their own dives and react to changes around them in the underwater environment. The diver's ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

Relative Risk Conditions

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

Severe Risk Conditions

- Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of personal fears
- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

OTOLARYNGOLOGICAL

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case, rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked over pressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air-filled cavities involved.

Relative Risk Conditions

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture

Severe Risk Conditions

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness