



Waiver, Release and Indemnity from Liability for

in2theblu

WHITE SHARK CAGE DIVING & SURFACE VIEWING

NAME:	TELEPHONE:
ADDRESS:	FAX:
	EMAIL:
		
		
		

- I do hereby certify that I will not hold in2thelu or any of its agents, employees or associates responsible, financially or otherwise, for any injury or illness which I may sustain during the undertaking of a WHITE SHARK DIVING day trip or expedition trip.
- I understand that a minimum level one diving certification by a recognised diving association is a pre-requisite for cage diving and undertake to present this to the skipper on embarkation for the WHITE SHARK DIVING trip/expedition.
- I fully understand the risk involved in the activity of WHITE SHARK DIVING and have chosen to do so at my own risk.
- I have read this form and am familiar with its content and sign this document voluntarily.

SIGNATURE:	PLEASE PRINT:
.....

AS WITNESS:	PLEASE PRINT
.....

DATED THIS DAY OF (month) 2000/2001

Please fill in this form and fax to +27 (0) 21 9755923 once your reservation has been confirmed to you.