



Liability Responsibility Form

Instructor Name _____

Address _____

City _____ State _____ Zip _____

Name of Shop: _____

Address _____

City _____ State _____ Zip _____

Statement of Liability

To:

The Piedmont Diving and Rescue Association, Inc: The above named employee and/or instructor will be teaching sports diving under our umbrella insurance policy. If this employee and/or instructor leaves or is terminated, we will also terminate his liability insurance and notify you of that fact by certified mail. Until you are notified in writing, we will continue to **maintain insurance coverage and be liable** as a shop for his actions while on property owned by the Piedmont Diving and Rescue Association, Inc.

Date: _____

Shop Owner / Manager _____

State of _____ County of _____

I, the undersigned, a Notary Public in and for the County and state aforesaid, do hereby certify that _____, Shop Owner/Manager, in the foregoing Statement of Liability personally appeared before me and acknowledged the due execution of the forgoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20 _____

Notary Public _____ My Commission Expires: _____