



- With Equipment
 Without Equipment
 Wetsuit Rental \$10 usd
Yes No

DIVE SHOP-REGISTRATION SHEET

Name _____ Sex: M ___ F ___ Age _____ Nationality: _____
Address: _____ City: _____ State: _____ Zip: _____
Cert. Agency: PADI ___ , NAUI ___ , SSI ___ , Other: _____ Student Number: _____
Ship Name: _____ Cabin Number: _____ Hotel Name: _____ Room Number: _____
In case of emergency contact: _____
Phone number: _____ E-mail address: _____

Liability Release and express assumption of risk

Please fill all blanks, initial all statements

I, _____ hereby affirm that I have been well advised and thoroughly informed of the inherent hazards of skin and scuba diving.

_____ Further, I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other injuries can occur that require treatment in a recompression chamber, I further understand that the diving activities in which I will be participating may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with these dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither SDS Promotora S de RL de CV, Sand Dollar Sports , Promotora Mesoamerica, S.A. de C.V. , Cozumel Scape Corporation S.A. de C.V., nor any of their respective employees, dive masters, instructors, agents or assigns (hereby referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me, my family, heirs or assigns that may occur as a result of my participating with these diving activities or as result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to participate in these diving activities, I hereby personally assume all risk in connection with said diving activities, for any harm injury or damage that my befall me while I participate in these activities, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further save and hold harmless said diving activities and Released Parties for any claim or lawsuit by me, my family estate, heirs, or assigns arising out of my participation in these diving activities including both claims arising during said participation or thereafter.

_____ I hereby agree that any claim I may have against the Released Parties will be brought no later than one (1) year after the date of the incident or occurrence-giving rise to said claim.

_____ I hereby agree that any claim brought by me against the Released Parties arising from my participation in these diving activities may only be brought in a court of competent jurisdiction of the state of Quintana Roo, Mexico and my not be brought elsewhere.

_____ I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during said diving activities and that if I am injured as result of heart attack, panic, hyperventilation, etc., that I will not hold the above listed individuals or companies responsible for the same.

_____ I further state that I am of lawful age and legally competent to sing this liability release or that I have acquired the written consent of my parent of guardian.

_____ 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.

It is the intention of _____ by this instrument to exempt and release SDS Promotora S.de R.L de C.V., Sand Dollar Sports, Promotora Mesoamerica S.A. de C.V., Cozumel Scape Corporation S.A.de C.V., and all related entities as defined above, from all liability of responsibility whatsoever for personal injury, property damage or wrongful death however caused including, but not limited to the negligence of the Released Parties, whether passive or active.

I have fully informed myself of the contents of this liability release and express assumption of risk by reading it before I signed and initialized it on behalf of my heir and myself.

Signature

Date

Signature of parent guardian if under 18 years old

SAND DOLLAR SPORTS SAFE DIVING CODE

Maintain good mental and physical fitness. Do not dive under the influence of alcohol or drugs. Know your limits as a diver. Keep proficient in diving skills. Always review them in controlled conditions after periods of inactivity. (Beach dive before boat diving). Be familiar with dive site, if not, obtain a formal diving orientation. Engage in diving activities consistent with your training.

Use complete, well-maintained diving equipment. Inspect it for fit and function prior to every dive. **DENY** The use of your equipment to uncertified divers.

Always use a buoyancy control device and submersible pressure gauge when diving.

Listen carefully to dive briefing and directions, and respect the advice of those coordinating your diving activities.

Adhere to the buddy system throughout every dive.

Be proficient in dive-table usage. Make all dives **NO-DECOMPRESSION** dives and allow a margin of safety, have a means to monitor depth and time under water.

Make safety stop on all dives.

Maintain proper buoyancy. Maintain neutral buoyancy under water. Have weight clear for easy removal. Establish positive buoyancy when in distress.

Always breathe properly while diving. Never hold your breath while using compressed air.

Always ascend slowly at a rate of not more than 30 feet per minute.

Maximum depth limit off dive boat is 90 feet.

EACH DIVER IS RESPONSIBLE FOR MONITORING HIS OR HER OWN DEPTH, BOTTOM TIMES AND CALCULATING REPETITIVE DIVES.

Absolutely no fish, coral or shell collecting while diving off the boat or offshore.

Check the appropriate rating to your level of SCUBA expertise.

Beginner _____ Intermediate _____ Advance _____

I have logged _____ dive since certification _____

My last dive was (date) _____ Location _____

I declare I have dived to depth of _____ feet.

Are you using computer?

Yes No If yes, what brand and model _____

Please list any and all medication (prescription and non-prescription) you are presently taking: _____

Do you suffer from any medical conditions that would limit or prohibit your diving activities?

Yes No If yes, please explain _____

Do you have history of or suffer from any form of heart disease? YES No

Do you have scuba diving insure? Yes No

If you answered no Sand Dollar Sports recommends you purchase the scuba dive insure.

Would you like to purchase DAN dive insurance for a minimal annual fee? Yes No

I HAVE READ AND UNDERSTAND THE SAFE DIVING CODE DESCRIBED ABOVE

Signature

Date

Signature of parent guardian if under 18 years old