



BLUE AQUATICS DIVERS S. DE R.L. DE C.V., RFC: BAD191014C38
CALLE 3 SUR, 298
CENTRO
COZUMEL, Q Roo
C.P. 77600-CR-77601

MX: 987-113-3040
US: 832-385-4312
Blueaquaticsdivers.com

Arrival Date: (D/M/Y) _____

Exit Date: (D/M/Y) _____

Full Name: _____

Age: _____

Sex: _____

Phone: _____

Hotel: _____

Room #: _____

Home Address: _____

Country: _____

Birthday: (D/M/Y) _____

Email: _____

Certifying Shop and Agency: (PADI, NAUI, SSI, etc.) _____

Student/Certification Number and Type: _____

Date of Last Dive: _____

EQUIPMENT RENTAL

DAYS OF DIVING

| | |
|--|---|
| | <p>Diving</p> <p>Night</p> <p>Nitrox</p> |
|--|---|

Date (D/M/Y)

Signature

This is a release of your rights to sue Blue Aquatics Divers, S. DE R.L. DE C.V., and employees regarding personal injuries or wrongful death that may occur during the forthcoming dive(s) as a result of the inherent risks associated with scuba diving/snorkeling, or as a result of negligence.

PLEASE PLACE YOUR INITIALS NEXT TO THE FOLLOWING SECTIONS

____ 1. The Divemaster's responsibility will be only to guide you by the reef areas in accordance with safe diving standards. I KNOW THAT I WILL BE DIVING IN A NATIONAL PARK PROTECTED BY MEXICAN FEDERAL LAWS, AND THAT ANY TRANSGRESSION WILL BE TO MY OWN RESPONSIBILITY. I WILL NEITHER TOUCH, KICK, NOR GRAB ANY CORAL AND/OR WILDLIFE.

____ 2. I affirm that I am a certified scuba diver, trainer, in safe diving practices. I'm aware of the inherent risks to this sport, and I assume the risk.

____ 3. I affirm that I'm in good mental and physical fitness for diving. I'm not under the influence of alcohol or any drugs that are contradictory to diving. If I'm taking medication, I affirm that I have seen a physician and I have approval to dive while being under the influence of the medication(s)/drugs.

____ 4. I am aware that I will be drift diving in a virtual "bottomless" channel, sometimes with strong currents. It will be my responsibility "to stay with the group and frequently monitor my depth." At the end of the dive I will ascend close to the line of the dive guide's buoy.

____ 5. I also understand that on this open water trip, I will be at a remote site where no immediate medical or hyperbaric care is available to me. I assume the risk of diving in such remote sites.

____ 6. I declare that I am physically fit to scuba dive/snorkel and I will not hold Blue Aquatics Divers, S, DE R.L. DE C.V., or its employees responsible if I am injured as a result of breath holding, panic, hyperventilation, heart, lung, ear problems, decompression, sickness, or any other illness that may occur while diving/snorkeling.

____ 7. I will carefully check all my equipment prior to diving and will inform the above listed individuals if any of my equipment is not working properly. I will not hold those individuals responsible for my failure to inspect my equipment prior to diving.

____ 8. In case of emergency, I hereby authorize medical treatment to a recompression chamber.

____ 9. In this intention of _____ by signing this form to release Blue Aquatics Divers, S. DE R.L. DE C.V., and its employees and all related entities, from all liability, personal injury, property damage/loss, or wrongful death, caused by negligence.

____ 10. In case of lawsuit or litigation, resolution will be based on the laws and in the courts of the United States of Mexico, in the State of Quintana Roo.

____ 11. Name of your dive buddy _____

____ 12. Will you be using a computer? _____

____ 13. Do you have insurance? _____ Type: (DAN, Private, etc.) _____

____ 14. I assume to be the only one responsible for the expenses due to treatment in the hyperbaric chamber, if necessary.

____ 15. Are you familiar with drift diving? _____

____ 16. How many dives have you completed? _____

I affirm that I have read, understood, and accepted the contents of this application prior to signing for myself or my children.

DATE

DATE

SIGNATURE

SIGNATURE OF PARENT/GUARDIAN