



DIMI SCUBA TOURS COZUMEL

Printed Name _____ Age _____

Address _____

City _____ State _____ Zip _____

DIVER VOLUNTARY RELEASE, WAIVER AND ASSUMPTION OF RISK

I, _____,

hereby affirm that I am a **CERTIFIED DIVER**, qualified and properly trained in scuba diving, able to plan and conduct my own dives and be responsible for my own safety and **NOT A STUDENT DIVER** under the instruction, control and supervision of a certified scuba instructor, and these dives are not a training activity and that I thoroughly understand the hazards of scuba diving, snorkeling, skin diving and being a passenger on this boat including those hazards occurring during the boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, heart attack, panic, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off the boat, sinking of the boat, fire aboard and other perils at sea. By signing this release, I certify that I'm fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational and/or technical dive.

I understand and agree that neither **DIMI SCUBA TOURS COZUMEL** nor **ESPERANZA DE LEON OLIVARES**, nor the captains, nor dive masters, nor instructors, nor leaders, nor crew members, nor the owners, officers, employees, agents, nor any scuba training agency, equipment manufacture or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participating in this boat trip and scuba dive(s) or as a result of the negligence of any party, including the Released Parties, whether passive or active, foreseen or unforeseen.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my injury and/or death. I further represent that I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representation to the Released Parties. I further agree that if any provision of this agreement is found to be un-enforceable or invalid, that provision shall be severed from the agreement and the remainder of this agreement will then be construed as though the un-enforceable provision had never been contained herein.

I further state that I'm of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or legal guardian.

If I rent or borrow any equipment from **DIMI SCUBA TOURS COZUMEL**, or **ESPERANZA DE LEON OLIVARES** or the Released Parties, I agree to examine it and use it only if I find it to be in safe working condition. I agree to pay the full replacement cost of any rented or borrowed items in case of loss or damage.

I DO, BY THIS INSTRUMENT, HEREBY EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDED BUT NOT LIMITED TO, PRODUCT LIABILITY AS A RESULT OF RENTING AND/OR USING THE EQUIPMENT, OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE, FORESEEN OR UNFORESEEN. _____ **Initial**

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND SCUBA DIVE(S), I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR PRODUCT LIABILITY AND THIS RELEASE IS EFFECTIVE AND VALID FOR ALL DIVING ACTIVITIES IN WHICH I PARTICIPATE WITHIN ONE YEAR FROM THE DATE ON WHICH I SIGN AND EXECUTE THIS RELEASE AND WAIVER. _____ **Initial**

Signature _____ Date _____



Home Phone (_____) _____ Cell Phone (_____) _____

E-mail _____

Certification Agency _____ Date Certified _____ C-Card # _____

Highest Level _____ # of Dives _____ Dove within 6 past months yes No

Deepest Dive _____ Nitrox # _____ DAN # _____

Hotel _____ Room # _____

Medication(s) _____

EMERGENCY CONTACT INFORMATION.

Name _____ Email _____

Cell Phone _____ Relationship _____

STANDARD OF SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement of SAFE DIVING PRACTICES for scuba diving with DIMI SCUBA TOURS COZUMEL. Following these practices will increase your comfort and safety while scuba diving and your signature is required as proof that you understand, acknowledge and are aware of these practices and if at any time during your dive(s), at our sole discretion, whether intentional or inadvertently, you are not following any part of these safe diving practices, seem unfamiliar with the SCUBA Equipment or engaging in any activity we determine to be unsafe to you, any other person(s) or the environment, we will REQUIRE you to hire a private Dive Master at YOUR EXPENSE to insure you follow these safe diving practices. Hiring a private Dive Master in no way limits your personal liability for any and all activities of which you are engaged in and you expressly waive all your rights to sue and/or recover damages and exempt Release Parties from any and all liabilities as detailed in this agreement.

1. Maintain good mental and physical fitness for diving; avoid alcohol, drugs and smoking. Keep proficient in diving and work to increase these skills through continued education and training.
2. Do not engage in scuba diving activities in which you are not trained, equipped or experienced in.
3. Use complete, well maintained, reliable equipment that you are familiar with and inspect prior to its use.
4. Listen carefully to each dive briefing, directions and respect the advice of the crew and/or Dive Masters.
5. Do not SOLO DIVE and follow the Bubby System and have an SMB and know how to use it.
6. Plan each dive; understand communications and emergency procedures as explained by the crew.
7. Be proficient and understand Dive Tables, Dive Computers, monitoring air consumption, depth and time.
8. Maintain good buoyancy control at all times, when entering the water by having positive buoyancy, stay six (6) feet above the bottom, ascend at thirty (30) feet per minute, maintain horizontal trim under water, follow NDL and make a minimum five (5) minute SAFETY STOP at fifteen (15) to twenty (20) feet at the end of ALL dives.
9. Breathe properly, never breath hold, skip breathe, avoid hyperventilation and overexertion while diving.
10. Follow and obey all local, state and federal laws regarding fishing, hunting, disturbing sea life, Federal Marine Park rules and regulations, and do not take anything nor leave anything behind while scuba diving in Cozumel.
11. Report any accident, injury or any signs of DCS, DCI immediately to a crewmember or call the shop.
12. Should you be injured and/or require medical attention, contact **Dr. Eduardo Garcia Magaña, Medicina Hiperbárica Integral, Hospital International, Calle 5 south # 21 "B" between Rafael E. Melgar and 5th. Avenue Cozumel, PHONE # 987.872.2387 Emergencies # 987.103.5524 & 987.878.6161**

I have read the above statement, have listened carefully to all the information provided to me by DIMI SCUBA TOURS Dive Center personal during the orientation and understand the importance and purpose of these established Safe Diving Practices and recognize they are for my own safety, well-being and to protect the environment and failure to adhere to the rules can and may place me in jeopardy and at increased risk of injury and/or death.

Signature _____ Date _____

Parent / Guardian _____

MEDICAL HISTORY



To the participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- | | |
|---|--|
| <input type="checkbox"/> Could you be pregnant or are you attempting to become pregnant? | <input type="checkbox"/> History of diving accidents or decompression sickness? |
| <input type="checkbox"/> Do you regularly take prescription or non prescription medications? (with the exception of birth control) | <input type="checkbox"/> History of recurrent back problems? |
| <input type="checkbox"/> Are you over 45 years of age and have one or more of the following?
• currently smoke a pipe, cigars, or cigarettes
• have a high cholesterol level.
• have a family history of heart attacks or strokes. | <input type="checkbox"/> History of back surgery? |
| Have you ever had or do you currently have... | <input type="checkbox"/> History of diabetes? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy? | <input type="checkbox"/> Inability to perform moderate exercise (walk one mile within 12 minutes)? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> History of high blood pressure or take medicine to control blood pressure? |
| <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> History of any heart disease? |
| <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> History of heart attacks? |
| <input type="checkbox"/> History of chest surgery? | <input type="checkbox"/> Angina or heart or blood vessel surgery? |
| <input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)? | <input type="checkbox"/> History of ear or sinus surgery? |
| <input type="checkbox"/> Behavioral health problems? | <input type="checkbox"/> History of ear disease, hearing loss or problems with balance? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> History of problems equalizing (popping) ears with airplane or mountain travel? |
| <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them? | <input type="checkbox"/> History of bleeding or other blood disorders? |
| <input type="checkbox"/> History of blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> History of any type of hernia? |
| <input type="checkbox"/> Do you frequently suffer from motion sickness (seasick, carsick, etc.)? | <input type="checkbox"/> History of ulcers surgery? |
| | <input type="checkbox"/> History of colostomy? |
| | <input type="checkbox"/> History of drug or alcohol abuse? |
- The information I have provided about my medical history is accurate to the best of my knowledge.**

IF YOU NEED ANY EQUIPMENT PLEASE CHECK HERE.

- | | | | | | |
|--------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| Regulator | <input type="checkbox"/> | Mask and Snorkel | <input type="checkbox"/> | Underwater Light | <input type="checkbox"/> |
| B. C. Jacket | <input type="checkbox"/> | Fins | <input type="checkbox"/> | Wet Suit (1 Piece) | <input type="checkbox"/> |
| | | Wet Suit (2 Piece) | <input type="checkbox"/> | | |

SIGNATURE

DATE