



## DIVER REGISTRATION SHEET

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 LOCAL HOTEL: \_\_\_\_\_ ROOM: \_\_\_\_\_ CERTIFYING AGENCY: \_\_\_\_\_ DIVER N°: \_\_\_\_\_  
 HIGHEST CERT LEVEL: \_\_\_\_\_ No. LOGGED DIVES: \_\_\_\_\_ DEEPEST DIVE: \_\_\_\_\_ ( f / m ) DATE OF LAST DIVE: \_\_\_\_\_  
 DIVE INSURER: \_\_\_\_\_ INSURER MEMBER N°: \_\_\_\_\_ DIVE INSURANCE EXPIRATION: \_\_\_\_\_  
 WEIGHT NEEDED: \_\_\_\_\_ ( lb / kg ) WEIGHT BELT NEEDED:  Y / N

WILL YOU NEED THE FOLLOWING RENTAL GEAR: BC:  SZ  REG: \_\_\_\_\_ FINS:  SZ  MASK: \_\_\_\_\_ WETSUIT:  SZ  LIGHT: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### MEDICAL RECORDS

PLEASE, ANSWER BY SPELLING **YES** OR **NO**, IF YOU HAVE A HISTORY OR SUFFER ANY OF THE ILLNESS OR DISEASE OF THE NEXT LIST:

**HEART TROUBLE:** \_\_\_\_\_ **BLOOD PRESSURE:** \_\_\_\_\_ **DIABETES:** \_\_\_\_\_ **CHOLESTEROL:** \_\_\_\_\_ **ASTHMA:** \_\_\_\_\_ **SINUSES:** \_\_\_\_\_

**TUBERCULOSIS:** \_\_\_\_\_ **ANXIETY, PANIC:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

PLEASE LIST ALL OR ANY PRESCRIPTION MEDICATION YOU ARE PRESENTLY TAKING: \_\_\_\_\_

PLEASE LIST ALL OR ANY ALLERGIES TO MEDICATION: \_\_\_\_\_

DO YOU SUFFER FROM ANY ILLNESS THAT COULD LIMIT YOUR DIVING ACTIVITY ? : \_\_\_\_\_

DO YOU HAVE A HISTORY OF SURGERY OR SUFFER FROM ANY HEART DISEASE ? : \_\_\_\_\_

ALWAYS LISTEN TO THE INSTRUCTIONS AND INFORMATION ABOUT THE DIVES FROM YOUR DIVE MASTERS.

ALWAYS DIVE WITH FULL DIVING GEAR AND CHECK YOUR EQUIPMENT BEFORE EVERY DIVE.

ALWAYS KEEP A GOOD MENTAL AND PHYSICAL CONDITION, NEVER DIVE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.

ALL YOUR DIVES WILL BE **NO-DECOMPRESSION**. YOUR SAFETY COMES FIRST, RECREATIONAL DIVING IS TO HAVE A GREAT TIME.

BREATHE SLOWLY DURING YOUR DIVES, NEVER HOLD YOUR BREATH.

ALWAYS ASCEND SLOW, THE MAXIMUM ASCENDING RATE IS NOT MORE THAN 60 FT PER MINUTE.

MAKE YOUR SAFETY STOP ON ALL YOUR DIVES.

EVERY DIVER IS RESPONSIBLE FOR THEIR BUOYANCY CONTROL, BOTTOM TIME AND SAFETY STOP ON EACH DIVE.

### COZUMEL REEFS NATIONAL PARK

**BY FOLLOWING THE NEXT RULES WE ALL PROTECT THE MARINE ENVIRONMENT.**

USE ONLY BIODEGRADABLE OR NON-OIL BASED SUNSCREEN. DON'T TOUCH THE CORALS. FORBIDEN TO FEED THE FISH.

REMAIN AT LEAST 10 FT/3 METERS AWAY FROM CORALS. DON'T TAKE SAND OR SHELLS. DON'T CHASE, BOTHER, DISTURB OR HARRASS

SEA LIFE. A CAMERA IS NOT EXCUSE TO BREAK THESE RULES.

PRINT DIVERS FULL NAME

SIGNATURE OF DIVER

DAY/MONTH/YEAR

PRINT PARENT OR GUARDIAN FULL NAME

SIGNATURE OF PARENT OR GUARDIAN

DAY/MONTH/YEAR

**LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK**

**(PLEASE FILL ALL BLANKS, INITIAL ALL STAMENTS)**

I, \_\_\_\_\_ HEREBY AFFIRM THAT I HAVE BEEN WELL ADVISED AND THOROUGHLY INFORMED OF THE INHERENT HAZARDS OF SKIN AND SCUBA DIVING.

\_\_\_\_\_ I UNDERSTAND THAT DIVING WITH COMPRESSED AIR INVOLVES CERTAIN INHERENT RISKS; DECOMPRESSION SICKNESSES, EMBOLISM OR OTHER INJURIES CAN OCCUR 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 ALEX ADVENTURES COZUMEL DIVE SHOP, NOR ANY OF THEIR RESPECTIVE EMPLOYEES, DIVE MASTERS, DIVE INSTRUCTORS, AGENTS OR ASSIGNS (HEREBY REFERRED TO AS "RELEASED PARTIES"), MAY BE HELD LIABLE OR RESPONSIBLE IN ANY WAY FOR ANY INJURY, DEATH OR OTHERS 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 PARTIES, INCLUDING THE RELEASED PARTIES, WHETHER PASIVE OR ACTIVE.

\_\_\_\_\_ IN CONSIDERATION ON BEING ALLOWED TO PARTICIPATE IN THESE DIVING ACTIVITIES, I HEREBY PERSONALLY ASSUME ALL THE RISKS 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 THERE WITH, WHETHER FORESSEEN OR UNFORESSEEN.

\_\_\_\_\_ I FURTHER SAVE AND HOLD HARMLESS SAID DIVING ACTIVITIES AND RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT BY ME, MY FAMILY STATE, HEIRS OR ASSIGNS ARISING OUT MY PARTICIPATION IN THESE DIVING ACTIVITIES INCLUDING BOTH CLAIMS ARISING DURING SAID PARTICIPATION OR THERE AFTER.

\_\_\_\_\_ 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 A RESULT OF A HEART ATTACK, PANIC, HYPERVENTILATION, ETC., THAT I WILL NOT HOLD THE ABOVE LISTED INDIVIDUALS OR COMPANIES RESPONSIBLE FOR THE SAME.

\_\_\_\_\_ I HEREBY AGREE THAT ANY CLAIM I MAY HAVE AGAINST THE RELEASED PARTIES WILL BE BROUGHT NO LATER THAN ONE (1) YEAR THE DATE OF THE INCIDENT OR ACCURRENCE-GIVING RISE TO SAID CLAIM.

\_\_\_\_\_ I HEREBY AGREE THAT ANY CLAIM BROUGHT MY BE AGAINST THE RELEASED PARTIES ARISING FROM MY PARTICIPATION IN THESE DIVING ACTIVITIES MAY ONLY BE BROUGHT IN A COURT OF JURISDICTION OF THE STATE OF **QUINTANA ROO, MEXICO**, AND MAY NOT BE BROUGHT SOME WHERE ELSE.

\_\_\_\_\_ I FURTHER STATE THAT I AM OF A LAWFUL AGE AND LEGALLY COMPETENT TO SIGN THIS LIABILITY RELEASE OR THAT I HAVE ACQUIRED THE WRITTEN CONSENT OF MY PARENT OR GUARDIAN.

\_\_\_\_\_ I UNDERSTAND THAT THE TERMS HEREIN ARE CONTRACTUAL AND NOT A MEER RECITAL, AND THAT I HAVE SIGNED THIS DOCUMENT OF MY OWN FREE ACT.

I, \_\_\_\_\_ BY THIS INSTRUMENT EXEMPT AND RELEASE ALEX ADVENTURES COZUMEL DIVE SHOP AND ALL RELATED ENTITLES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED INCLUDING, BUT NOT LIMITED TO THE NEGLIGENCE OF THE RRELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

**I HAD 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 HEIRS AND MYSELF.**

\_\_\_\_\_  
PRINT DIVERS FULL NAME

\_\_\_\_\_  
SIGNATURE OF DIVER

\_\_\_\_\_  
DAY/MONTH/YEAR

\_\_\_\_\_  
PRINT PARENT OR GUARDIAN FULL NAME

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DAY/MONTH/YEAR

(IF DIVER IS UNDER 18 YEARS OLD)