



DIVER REGISTRATION FORM

CUSTOMER #
IIP #

Date	BC	Reg	Mask/ Snorkel	Fins	Wet Suit	Dive Computer	A.M. Boat Trip	P.M. Boat Trip	Night Dive	Other Charges	Totals

WHEN A JOB IS WELL DONE TIPS ARE APPRECIATED



Use also not accept American Express, Discover Card, or Diners Club Cards.

PLEASE PRINT IN BLOCK LETTERS

NAME _____
 ADDRESS _____
 CITY & STATE _____

ZIP CODE _____
 HOME PHONE # _____
 E-MAIL _____
 HOTEL & ROOM # _____
 DATE OF BIRTH _____
 DATE OF DEPARTURE FROM NASSAU _____

DIVING CERTIFICATION INFORMATION

CERTIFYING AGENCY (e.g. PADI) _____
 CERTIFICATION LEVEL _____
 STUDENT # _____
 CERTIFICATION DATE _____ MONTH / _____ DAY / _____ YEAR
 NUMBER OF DIVES DONE _____
 DATE OF LAST DIVE _____
 LOCATION OF LAST DIVE _____

HOW DID YOU HEAR ABOUT US?

- ATLANTIS / NEPTUNE'S
- RODALE'S SCUBA DIVING
- DIVE TRAINING MAGAZINE
- SPORT DIVER MAGAZINE
- WELCOME (in room book)
- TOURIST NEWS
- WHAT TO DO
- WHAT'S ON (NASSAU)
- HOTEL TOUR DESK
- BELLMAN/CONCIERGE
- TRAVEL AGENT
- DIVE SHOP
- INSTRUCTOR
- FRIEND
- BROCHURE
- YELLOW PAGES
- INTERNET
- TELEVISION
- ISLAND MAPS
- SUPER MAPS
- TRAILBLAZER MAPS
- BEEN HERE BEFORE
- OTHER

Please Specify _____

ASSUMPTION OF RISK AND COMPLETE RELEASE OF LIABILITY

I UNDERSTAND THAT THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE STUART COVE'S DIVE BAHAMAS, STUART COVE'S AQUA ADVENTURES, STUART COVE'S DIVE SOUTH OCEAN, INC., NASSAU UNDERSEA ADVENTURES LTD., RHK HOLDINGS, SOUTH OCEAN DEVELOPMENT CO. LTD., THE LYFORD CAY MEMBERS' CLUB, ITS EMPLOYEES, ITS AGENTS, OTHER ASSOCIATED PERSONEL, AND ITS BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED), HEREINAFTER REFERRED TO AS "STUART COVE'S", AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF ANY TYPE:

1. I am a certified diver or a student diver under the direct supervision of an instructor and have been taught and understand scuba diving has inherent risks and dangers associated therewith including, but not limited to, risks associated with equipment failure, perils of the sea, harm caused by marine creatures (including bites), acts of fellow divers, entering or exiting the water, boarding or disembarking boats, and activities on the docks and I SPECIFICALLY ASSUME SUCH RISKS. I acknowledge that I am physically fit to scuba dive and snorkel and I will not hold Stuart Cove's responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which occur while diving and/or snorkeling
2. Prior to leaving the dock, I will inspect all equipment to be used. I will notify an employee if any of my equipment is not functioning properly. I will not hold Stuart Cove's responsible for my failure to inspect my equipment prior to diving and release all responsibility and legal liability from the use of this equipment or service, including but not limited to the maintenance of the equipment.
3. I will be present and attentive to the safety briefing given by the divemaster and boat captain and if there is anything that I do not understand or have been taught differently, I will notify the boat captain immediately. I understand that I have a duty to plan and carry out my own dive and to be responsible for my own safety and the safety of my buddy. I will remain with my buddy at all times. I will start my ascent at the end of each dive with enough air to guarantee being on the boat with a minimum of 500 PSI remaining in my tank. I will stop at 15 feet for at least 3 minutes when diving deeper than 40 feet or when planning and completing a dive that reaches the limits of the PADI recreational dive planner.
4. I will immediately stop my dive if 1) I feel uncomfortable with my diving abilities; and/or 2) Diving conditions are worse than those for which I have been trained or for which I have experience.
5. I am aware of the dangers of holding my breath while diving and of the dangers associated with rapid ascents and will not hold the above named persons or entities responsible for such acts.
6. I fully understand and am aware that the dive boat has limited medical facilities and that in the event of illness or injury, appropriate medical help must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility.
7. I understand and I am aware that SCUBA diving is a potentially HAZARDOUS activity. I understand that the sport of diving involves the risk of injury. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in diving activities.
8. IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELEASE STUART COVE'S AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING, BOATING, AND SCUBA DIVING ACTIVITIES, INCLUDING BUT NOT LIMITED TO THE MAINTENANCE OF THE EQUIPMEINT OR ORGANIZATION OF THIS ACTIVITY.
9. I have carefully read this contract in its entirety, fully understand its contents, and agree to the terms and conditions of this contract on behalf of myself, my heirs, and my personal representatives. This document constitutes the final and entire agreement between Stuart Cove's and the undersigned. There are NO WARRANTIES expressed or implied, which extend beyond the description of the activity listed on this form. THIS IS A COMPLETE RELEASE OF LIABILITY AND A LEGALLY BINDING CONTRACT.

I have read this agreement, am aware that it is a release of liability and a contract between myself and Stuart Cove's. I sign it of my own free will and agree to be bound by it, from the date of my signature, forever into the future.

Signature _____ Date _____

Print Name _____ Witness _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases and, for myself, my child, all heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature of Parent or Guardian

Date M/D/Y

Print Name of Parent or Legal Guardian

Emergency Contact Information

Name	Relationship to you	Telephone #

Diving Insurance

Agency (e.g. DAN/PADI)	Policy #	Telephone #

If you would like a DAN insurance application, please inquire at the check-in counter.