



Snorkeling and Rider Registration Form



Please fill out this form clearly using block letters.

DATE	M/D/Y	
NAME		
ADDRESS		
CITY & STATE		
ZIP CODE		
E-MAIL ADDRESS		
HOME PHONE #		
HOTEL & ROOM #		
DATE OF BIRTH		
DATE OF DEPARTURE FROM NASSAU		

Would you like a new snorkel mouthpiece for an additional \$3?
 Yes No

Would you like to purchase an underwater camera for an additional \$22?
 Yes No

Would you like to purchase Fish Food for an additional \$4?
 Yes No

Please tick the appropriate box.

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO YOU	TELEPHONE #

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|--|---|
| <input type="checkbox"/> AVIS / DOLLAR RENTAL CAR
<input type="checkbox"/> RODALE'S SCUBA DIVING
<input type="checkbox"/> DIVE TRAINING MAGAZINE
<input type="checkbox"/> SPORT DIVER MAGAZINE
<input type="checkbox"/> WELCOME (in room book)
<input type="checkbox"/> TOURIST NEWS
<input type="checkbox"/> WHAT TO DO
<input type="checkbox"/> WHAT'S ON (NASSAU)
<input type="checkbox"/> HOTEL TOUR DESK | <input type="checkbox"/> BELLMAN/CONCIERGE
<input type="checkbox"/> TRAVEL AGENT
<input type="checkbox"/> DIVE SHOP
<input type="checkbox"/> INSTRUCTOR
<input type="checkbox"/> FRIEND
<input type="checkbox"/> BROCHURE
<input type="checkbox"/> YELLOW PAGES
<input type="checkbox"/> INTERNET | <input type="checkbox"/> TELEVISION
<input type="checkbox"/> ISLAND MAPS
<input type="checkbox"/> SUPER MAPS
<input type="checkbox"/> TRAILBLAZER MAPS
<input type="checkbox"/> BEEN HERE BEFORE
<input type="checkbox"/> ATLANTIS / NEPTUNE'S
<input type="checkbox"/> OTHER |
|---|--|---|
- _____ Please Specify

METHOD OF PAYMENT:			TOTAL CHARGE
We do not accept American Express, Discover card, or Diners Club Cards.			
TRAVELLER'S CHEQUES OR CASH			
PRE-PAID VOUCHER	ISSUER & #		

PLEASE READ AND SIGN THE LIABILITY RELEASE ON THE OTHER SIDE OF THIS FORM

Snorkeling and Rider

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 SNORKEL BAHAMAS, STUART COVE'S DIVE BAHMAMAS, STUART COVE'S SUB 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 UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH SNORKELING AND BOATING, included but not limited to equipment failure, perils of the sea, harm caused by marine creatures (including bites), acts of fellow participants, entering or exiting the water, boarding or disembarking boats, and activities on the docks and I HEREBY ASSUME SUCH RISKS.
2. I UNDERSTAND THAT I HAVE A DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.
3. I assert that I am physically fit to snorkel and ride on a boat and I will not hold Stuart Cove's responsible if I am injured as a result of ANY problems (medical, accidental, or otherwise) which occur while snorkeling, riding on the boat, or otherwise participating in the trip.
4. I will not remove my buoyancy control device at any time while in the water. I acknowledge that doing so will constitute a violation of safety rules and procedures for which I expressly assume the risk.
5. If I become distressed at the surface, I will immediately inflate my Buoyancy Control device for flotation assistance.
6. I fully understand that the involved boat has limited medical facilities and that in the event of illness or injury appropriate medical care must be summoned by radio and treatment will be delayed until I can be transported to a proper medical facility. I agree in advance to these conditions.
7. The participating dive store and/or boat have made no representation to me implied or otherwise that they or their crew can or will perform safe rescues or render first aid. In the event I show signs of distress or call for aid I would like assistance and will not hold Stuart Cove's, their crew, dive boats or passengers responsible for their actions in attempting the performance or rescue or first aid.
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 AND BOATING 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 of Participant

Date

Print Name

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

Print Name of Parent or Guardian