DIVE MIKE
CARIBBEAN DIVING

www.divemike.com
+52 (984) 803 1228
Calle 8 entre 5 ave. y Zona Federal Maritima /
Playa del Carmen, Q.Roo.

DIVER REGISTATION

English

PERSONAL INFO

NAME _____

DATE OF BIRTH | DD | MM | YY | NATIONALITY _____

E-MAIL _____ PHONE _____

HOTEL _____ ROOM _____ DEPARTURE DAY | DD | MM | YY |

DIVE INFO (just certified)

LOGGED DIVES: _____

LAST DIVE?: _____

DEEPEST DIVE: _____

CERTIFICATION AGENCY: _____

CERTIFICATION LEVEL: _____

CERTIFICATION NUMBER: _____

INSURANCE

DO YOU HAVE DIVING INSURANCE?

YES	NO

Insurance Policy _____

Would you like to purchase a diving insurance?

YES	NO

ASK HERE FOR YEAR DIVING INSURANCE _____

RESERVATION & DEPOSIT

All your courses or services fees must be paid in full before the activity.

CANCELLATION POLICY

100% REFOUND

A) When cancelling 24 hours before the scheduled trip. B) If the Harbor Master closes the port due to bad weather and the diver or student has no chance of rescheduling and an alternate dive site is not available.

NO REFUND

A) Last minute cancellation. B) No shows. C) In personal or technical problems as: strong current, fear, equalization problems, cold weather, sea sickness, lack of diver's experience, limited visibility, etc.

I have read, understood and agree in both reservation and cancellation policies. I also understand that DIVE MIKE offers me a diving insurance and I assume the responsibility and the risk when not acquiring the diving insurance.

_____
NAME AND SIGNATURE

DIVE SHOP INFO (only for dive office use, do not fill)

Gear	Size
BCD	
REG	
Fins	
Mask	
Wer Siut	
Weights	
Others	

	Fecha	Ticket	Actividad	Reservó	Pago
1					
2					
3					
4					
5					
6					
7					

Comentarios:

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I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks

IMPORTANT: Mark “YES” or “NO” to all statements below:

_____ HEART TROUBLE _____ DIABETES _____ EPILEPSY

_____ BREATHING DIFFICULTY _____ PREGNANT_____ ASTHMA

OTHER (Explain) _____

List all medications you presently taking _____

In case of emergency, notify _____ Phone _____

STATEMENT OF UNDERSTANDING

I further acknowledge (please read carefully and initial each section)
1 _____ I am certified scuba diver trained in safe diving practices / student diver in training / Snorkeler or non diver joining the tour or boat ride.
2 _____ I am aware of the risks inherent in this sport / tour and accept the risk
3 _____ I affirm that I am in good mental and physical fitness for diving, snorkeling and sports in general
4 _____I affirm that I am not under the influence of alcohol, nor am I taking any drugs that are contraindicated for diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive although taking such medication.
5 _____ I understand that diving with compressed air involves certain risk and injuries can occur that required treatment in a recompression chamber, I further understand that an open water diving trip may be conducted at sites that are remote, by time and / or distance, from a recompression chamber and / or medical facility, and nonetheless agree to accept and assume such risks when a proceed with such dives.
6 _____ I understand that even if I follow all the appropriate dive practices, there is still some risk of sustaining decompression sickness, heart attack, embolism or other hyperbaric injuries, and I expressly assume the risk of such injuries or illness.
7 _____ I acknowledge that I have been fully and completely advised of the potential hazards and dangers incidental to the activity and instruction of skin and scuba diving.
8 _____ I understand that diving is a physically strenuous activity and that I will be exerting myself during this dive excursion. If I am injured or die as a result of hearth attack, panic, hyperventilation or other wise, I expressly assume the risk of such injuries.
9 _____ I also understand that diving in open water involves additional risks due to the environment, animal or sea life, currents and mechanical equipment failure or misuse and that injury or death may occur from such risks.

I HAVE READ, UNDERSTAND AND AGREE WITH THE ITEMS ABOVE AND ACCEPT THAT DISREGARD FOR ANY OF THEM CAN TERMINATE MY DIVING; THIS IS CONTRACTUAL AND NOT MERE RECITAL.

I _____ (NAME) further state that I am of legal age 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 mere recital, and that I have signed this document of my own free will and accept its terms. It is my intention by this instrument to exempt and release any and all entities as defined above, from all liability or responsibility whatsoever. I have fully informed myself of the contents of this liability, release and express assumption of risk by reading it before I signed it on behalf of my heirs and myself.

Signature of participant _____Date _____

Witness (print name) _____ Witness (signature) _____

Signature of parent or guardian (for minor) _____ Date _____