

# **Scuba Club Cozumel**

Av. R. Melgar Prol. S. Km. 1.5

Cozumel, Q. Roo

Mexico 77600

## **Dear Guests**

**To make your stay safer and respect safe distances and less interaction with our employees we are providing the forms for the hotel and dive shop that must be printed and filled out before arrival.**

- 1. Hotel registration form \***
- 2. Covid-19 declaration form\***

## **For the dive shop**

- 3. Divers registration form (2 pages)\***

Please fill in the upper portion of page one, and fill in all the blanks on page two, by printing your name, initializing and signing the form in two spots

- 4. Nitrox form (2 pages)**

Please fill in all the blank spaces on this form (printing your name 3 places, 7 initials, 1 signature )and print your name on page 2 at the bottom

**The forms with an asterisk are mandatory. Number 3 only if you are a diver and 4 only if you want to use Nitrox.**

# SCUBA CLUB

Cozumel, Island, México

DESTINOS TURISTICOS, S.A. DE C.V.  
AV. RAFAEL E. MELGAR PROLONGACION SUR KM. 1.5  
P.O. BOX 11  
COZUMEL, Q. ROO MEXICO C.P. 77601  
(987)872-18-00

No. DE CUARTO

REGISTRADO POR: .

## HOTEL USE ONLY

LLEGADA/ARRIVAL

HORA

DIA

MES

AÑO

SALIDA/DEPARTURE

HORA

DIA

MES

AÑO

DIVER

NON DIVER

PAX No.

GRUPO

GUIA

AGENCIA

NOMBRE/NAME

DIRECCION/HOME ADDRESS

CIUDAD/CITY

ESTADO/STATE

PAIS/COUNTRY

C.P. / ZIP CODE

NACIONALIDAD/NATIONALITY

OCUPACION/OCCUPATION

CORREO ELECTRONICO/ EMAIL ADDRESS

DIA DE SALIDA/DEPARTURE DAY

AEROLINEA/ AIRLINE

FIRMA/SIGNATURE

This property is privately owned, the management reserves the right to refuse services to any one and will not be responsible for loss of money jewelry or valuables of any kind.  
EL hotel (Club) se reserva el derecho de admision y no se hace responsable por la perdida de dinero, joyas y valores de ninguna clase.

## COVID-19 Self-Assessment Declaration Form

In order to protect the health and safety of guests, residents and staff of Scuba Club Cozumel & Scuba Cozumel, we require you to complete this declaration in relation to the coronavirus (COVID-19).

The declaration is required by all guests accessing our resort and boats and is valid for a maximum period of ten days. We reserve the right of admission.

### Health Declaration (please circle)

Do you have a fever / is your body temperature over 37.5°C?	YES / NO
Are you suffering from respiratory symptoms such as a cough, sore throat or shortness of breath?	YES / NO
Are you aware of being in close contact with a confirmed or suspected case of COVID-19 in the last 14 days?	YES / NO
Have you suffered from or been diagnosed with COVID-19 in the last 6 months	YES / NO

If you answer yes to any of these questions you may be referred to a local health authority, medical facility or physician.

### Declaration

I have read and understand the 'COVID-19 Self-Assessment Declaration' and commit to adhering to the requirement. The parties acknowledge their respective understanding of the hazards of COVID-19, including, but not limited to its highly contagious nature and the corresponding health risks associated with being exposed to or infected by COVID-19. Each Party agrees to waive, release, and discharge, and covenants not to sue the other Party or its affiliates and its and their respective officers, directors, partners, employees and agents from any and all claims, damages, expenses, liability, illness or losses that may occur from exposure to or infection by COVID-19 arising out of, related to, or in any way connected with the services provided by Scuba Club Cozumel & Scuba Cozumel dive shop.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Continue to monitor yourself for fever and respiratory symptoms.**

**If these symptoms appear, please contact our staff or seek medical referral.**



## No. \_\_\_\_\_

PHONE \_\_\_\_\_

<p>1. How did you become involved in the investigation?</p> <p>2. How did you become involved in the investigation?</p> <p>3. How did you become involved in the investigation?</p> <p>4. How did you become involved in the investigation?</p> <p>5. How did you become involved in the investigation?</p> <p>6. How did you become involved in the investigation?</p> <p>7. How did you become involved in the investigation?</p> <p>8. How did you become involved in the investigation?</p> <p>9. How did you become involved in the investigation?</p> <p>10. How did you become involved in the investigation?</p>	<p>1. How did you become involved in the investigation?</p> <p>2. How did you become involved in the investigation?</p> <p>3. How did you become involved in the investigation?</p> <p>4. How did you become involved in the investigation?</p> <p>5. How did you become involved in the investigation?</p> <p>6. How did you become involved in the investigation?</p> <p>7. How did you become involved in the investigation?</p> <p>8. How did you become involved in the investigation?</p> <p>9. How did you become involved in the investigation?</p> <p>10. How did you become involved in the investigation?</p>
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1.- I have examined the equipment described and have satisfied myself that it is in good condition and working order.  
2.-I assume full responsibility for all rental equipment. This includes loss, damage or theft while the equipment is rented to me.  
ALL RENTAL EQUIPMENT REQUIRES A DEPOSIT.

SIGNATURE



**LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK  
(PLEASE FILL ALL BLANKS, INITIAL ALL STATEMENTS)**

I, \_\_\_\_\_  
hereby affirm that I have been well advised and thoroughly informed of  
the inherent hazards of skin and Scuba diving.

Further, I understand that diving with compressed air involves  
certain inherent risks; decompression sickness, embolism, or other  
injuries can occur that 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 SCUBA COZUMEL, S.A.  
DE C.V. / SCUBA CLUB COZUMEL / DESTINOS TURISTICOS, S.A.  
DE C.V. / AQUA - SUB TOURS, INC. / nor any of their  
respective employees, divemasters, instructors, agents or assigns  
(hereby referred to as "Released Parties") may be held liable or  
responsible in any way for any injury, death, or other damages to me,  
my family, heirs or assigns that may occur as a result of my participating  
with these diving activities or as a result of the negligence of any party,  
including the Released Parties, whether passive or active.

In consideration of being allowed to participate in these diving  
activities, I hereby personally assume all risks in connection with said  
diving activities, for any harm injury or damage that may befall me  
while I participate in these activities, including all risks connected  
therewith, whether foreseen or unforeseen.

I further save and hold harmless said diving activities and  
Released Parties from any claim or lawsuit by me, my family estate,  
heirs, or assigns arising out of my participation in these diving activities  
including both claims arising during said participation or thereafter.

I hereby agree that any claim I may have against the  
Released Parties will be brought no later than one (1) year after the  
date of the incident or occurrence giving rise to said claim.

I hereby agree that any claim brought by me against the  
Released Parties arising from my participation in these diving activities  
may only be brought in a court of competent jurisdiction of the  
state of Quintana Roo, Mexico and may not be brought elsewhere.

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 further state that I am of 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  
mere recital, and that I have signed this document of my own free act.

It is the intention of \_\_\_\_\_  
by this instrument to exempt and release / SCUBA COZUMEL, S.A.  
DE C.V. / SCUBA CLUB COZUMEL / DESTINOS TURISTICOS, S.A.  
DE C.V. / AQUA - SUB TOURS, INC. / and all related entities 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 Released Parties, whether  
passive or active.

I have 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 myself and my heirs.

\_\_\_\_\_  
Signature DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian if under 18 years old.

**SCUBA COZUMEL SAFE DIVING CODE**

Maintain good mental and physical fitness. Do not dive under the influence of  
alcohol or drugs. Know your limits as a diver.

Keep proficient in diving skills. Always review them in controlled conditions  
after periods of inactivity, (Beach dive before boat diving).

Be familiar with dive sites, if not, obtain a formal diving orientation  
Engage in diving activities consistent with your training.

Use complete, well-maintained diving equipment. Inspect it for fit and function  
prior to every dive. DENY the use of your equipment to uncertified divers.

Always use a buoyancy control device and submersible pressure gauge when  
diving.

Listen carefully to dive briefings and directions, and respect the advice of those  
coordinating your diving activities.

Adhere to the buddy system throughout every dive.

Be proficient in dive-table usage. Make all dives NO-DECOMPRESSION dives  
and allow a margin of safety, have a means to monitor depth and time under  
water.

Make safety stops on all dives.

Maintain proper buoyancy. Maintain neutral buoyancy under water. Have  
weights clear for easy removal. Establish positive buoyancy when in distress.

Always breathe properly while diving. Never hold your breath while using  
compressed air.

Always ascend slowly at a rate of not more than 60 feet per minute.

Maximum depth limit off dive boats is 90 feet.

**EACH DIVER IS RESPONSIBLE FOR MONITORING HIS OR HER OWN  
DEPTH, BOTTOM TIMES AND CALCULATING REPETITIVE DIVES.**

Absolutely no fish, coral or shell collecting while diving off the boats or  
offshore.

**I HAVE READ AND UNDERSTAND THE SAFE DIVING CODES DESCRIBED  
ABOVE.**

\_\_\_\_\_  
SIGNATURE DATE \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian if under 18 years old

**Check the appropriate rating to your level of SCUBA expertise**

\_\_\_\_\_ beginner \_\_\_\_\_ intermediate \_\_\_\_\_ advanced

I have logged \_\_\_\_\_ dives since certification \_\_\_\_\_

My last dive was (date) \_\_\_\_\_ location \_\_\_\_\_

I declare I have dived to depth of \_\_\_\_\_ feet.

Are you using a dive computer yes \_\_\_\_\_ no \_\_\_\_\_

If yes what brand and model \_\_\_\_\_  
Please list any and all medications (prescription and non prescription) you are  
presently taking \_\_\_\_\_

Do you suffer from any medical conditions that would limit or prohibit your diving  
activities yes \_\_\_\_\_ no \_\_\_\_\_

If so please explain \_\_\_\_\_

Do you have a history of or suffer from any form of heart  
disease yes \_\_\_\_\_ no \_\_\_\_\_



# SCUBA COZUMEL

## Liability Release and Assumption of risk for Enriched Air (NITROX) Diving.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enriched Air / Nitrox Certification Agency \_\_\_\_\_

Card Number \_\_\_\_\_ Certification Date \_\_\_\_\_

**Please read carefully, fill in all blanks and initial each paragraph before signing.**

I \_\_\_\_\_ (Print) hereby affirm that I have been advised and thoroughly informed of the inherent hazards of skin and scuba diving and the particular hazards of scuba diving with oxygen enriched air.

INITIALS ⇒

\_\_\_\_\_ I understand that diving with oxygen enriched air (enriched Air NITROX EAN) involves certain inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. Also I understand the usual inherent risks of scuba diving including but not limited to decompression sickness air embolism drowning or other injuries may occur that require treatment in a recompression chamber. I understand that the dives that I will be participating in 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 such dives in spite of the possible absence of a recompression chamber in the proximity to the dive site.

⇒ \_\_\_\_\_ I understand and agree that neither SCUBA COZUMEL; SCUBA CLUB; Aqua-Sub Tours Inc. nor any of their respective employees, instructors, dive masters, officers, agents or assigns (hereafter referred to as "Released parties") may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs or assigns that may occur as a result of my participating in diving activities with Enriched Air whether foreseen or unforeseen, or as a result of the negligence of any party including the Released Parties, whether passive or active.

⇒ \_\_\_\_\_ In consideration of being allowed to dive with Enriched Air from this facility I hereby personally assume all risks in connection with said diving for any harm injury or damage that may befall me while I am using Enriched Air for diving, including all risks connected therewith, whether foreseen or unforeseen.

⇒ \_\_\_\_\_ I further save and hold harmless Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in diving activities with Enriched Air.

⇒ \_\_\_\_\_ I further understand that I \_\_\_\_\_ (Print) will be solely responsible for checking the mixture of each Enriched Air tank I use, determining the maximum depth for each mixture I use and calculating repetitive dives with the same.

⇒ \_\_\_\_\_ I further state that I am of 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 mere recital, and that I have signed this document of my own free act.

**IT IS THE INTENTION OF \_\_\_\_\_ (PRINT) BY THIS INSTRUMENT TO EXEMPT AND RELEASE SCUBA COZUMEL, SCUBA CLUB, AQUA-SUB TOURS, INC., AND ANY AND ALL OF THEIR OFFICERS, AGENTS, EMPLOYEES OR ASSIGNS. 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 RELEASED PARTIES. WHETHER PASSIVE OR ACTIVE.**

**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 MYSELF AND MY HEIRS.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_



# NITROX TANK CHECK OUT

	DATE	TANK #	MIXTURE %	SIGNATURE	MAXIMUM
					OPERATING DEPTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Print your name above  
sign only your sheet. ↑