### 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 <u>all</u> 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.

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DESTINOS TURISTICOS, S.A. DE C.V. AV. RAFAEL E. MELGAR PROLONGACION SUR KM. 1. P.O. BOX 11 COZUMEL, Q. ROO MEXICO C.P. 77601 (987)872-18-00	5			MES	AÑO	
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### **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 arsing out of, related to, or in any way connected with the services provided by Scuba Club Cozumel & Scuba Cozumel dive shop.

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

Date:

Continue to monitor yourself for fever and respiratory symptoms. If these symptoms appear, please contact our staff or seek medical referral.

# SCUBA COZUMEL - DIVE SHOP

DATE\_

DIVER S REGISTRATION SHEE
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No.\_\_\_\_

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#### RENTAL AGREEMENT

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.

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

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 then 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 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 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.

an		

DATE

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 bouyancy 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.

Maximun depth limit off dive boats is 90 feet.

EACH DIVER IS REPONSIBLE 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\_\_\_\_\_

Signature of parent or guardian if under 18 years old.

### **SCUBA COZUMEL**

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

	Name	HEI MAAT MORTHA	· · · · · · · · · · · · · · · · · · ·
	Address	City	
	State	Zip Code	
	Enriched Air / Nitrox Certification Agency	2 BAUTER A HAAT	37%0
	Card Number Certification	n Date	
	Please read carefully, fill in all blan	ks and initial each paragraph	before signing.
	I(Print) of the inherent huzards of skin and scuba diving	hereby affirm that I have been advis g and the particular hazards of scuba div	sed and thoroughly informed ving with oxygen enriched air
4THAL3	I understand that diving with oxygen e risks of oxygen toxicity and/or inproper mixtu scuba diving including but not limited to deco occur that require treatment in a recompression be conducted at a site that is remote either by to choose to proceed with such dives in spite of the the dive site.	ures of breathing gas. Also I understan ompression sickness air embolism dro n chamber. I understand that the dives time or distance or both from such a re-	d the usual inherent risks of winning or other injuries may that I will be participating in compression chamber. I still
⇒	I understand and agree that neither SCU their respective employees, instructors, dive m parties") may be held liable or responsible in a heirs or assigns that may occur as a result of	asters, officers, agents or assigns (here any way for any injury, death or other of f my participating in diving activities	after referred to as "Released lamages to me or my family, with Enriched Air whether
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$\Rightarrow$	I further state that I am of lawful age acquired the written consent of my parent or gu	and legally competent to sign this lial ardian.	bility release, or that I have
	I understand that the terms herein are con of my own free act.	ntractual and not a mere recital, and that	t I have signed this document
	IT IS THE INTENTION OF TO EXEMPT AND RELEASE SCUBA C ANY AND ALL OF THEIR OFFICER LIABILITY OR RESPONSIBILITY W	OZUMEL, SCUBA CLUB, AQUA- RS, AGENTS, EMPLOYEES OR	<b>ASSIGNS. FROM ALL</b>

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 > MAXIMUM TANK # **MIXTURE %** SIGNATURE **OPERATING DEPTH** DATE . 1 .

Print your name above fright sign only your sheet.

PAGE 2/2