				- \
Name:		Office use only:  Certification confirmed by:		
Birth date: DD / MM / YYYY			Nitrox?	T
Phone:				\ IANK-H
Email:				DIVE CEN
Home address:	City:	ZIF	P: Country	:
Hotel:	Room:		Departure date	DD / MM / YY
Certification agency (PADI, SSI etc):	Cert. Date: DD	/ MM / YY	Cert. No.	:
Certification level (OW, DM etc):	Last dive: DD	/ MM / YY	Logged dives	: 1-19 🗆 20-49 🗀 50+ 🗀
How did you hear about us: Web se	arch TripAdvisor	Мар арр □	Friends  Hotel	Walk in ☐ Other ☐
Emergency contact name:	Phone:		Dive insurance	:
Not somebody v with you on any				
	SAFE DIVING	PRACT	ICES	
DO NOT SIGN THIS DOCUMENT				TATEMENTS BELOW
DO NOT SIGN THIS DOCUMENT	UNLESS YOU UNDERS	TAND AND A	GREE TO ALL THE S	IATEMENTS BELOW
This is a statement in which you are inform				
been compiled for your review and acknowledge this statement is required as proof that you				
it. If you are a minor, this form must also be			55. Neau anu uiscuss ti	ie statement prior to signing
FULL NAME	, understand that as a di	ver I should:		
Maintain good mental and physical fitness for a skills, striving to increase them through continuous materials to stay current and refresh means.	uing education and reviewing	them in controlle		
Be familiar with my dive sites. If not, obtain a fi which I am experienced, postpone diving or sel experience. Do not engage in cave or technical	ormal diving orientation from lect an alternate site with bett	a knowledgeable er conditions. En		
Use complete, well-maintained, reliable equipn			correct fit and function pri	or to each dive. Have a buoyancy
control device, low-pressure buoyancy control (dive computer, RDP/dive tables—whichever you	ou are trained to use) when so	cuba diving. Deny	use of my equipment to un	certified divers.
<ol> <li>Listen carefully to dive briefings and directions recommended for participation in specialty divi</li> </ol>				
<ol><li>Adhere to the buddy system throughout every of procedures – with my buddy.</li></ol>	dive. Plan dives – including co	mmunications, p	rocedures for reuniting in ca	ase of separation and emergency
<ol> <li>Be proficient in dive planning (dive computer or monitor depth and time underwater. Limit max minute. Be a SAFE diver – Slowly Ascend From longer.</li> </ol>	imum depth to my level of trai	ning and experie	nce. Ascend at a rate of not	more than 18 metres/60 feet per
<ol> <li>Maintain proper buoyancy. Adjust weighting at underwater. Be buoyant for surface swimming at least one surface signaling device (such as s</li> </ol>	and resting. Have weights cle			
Breathe properly for diving. Never breath-hold diving. Avoid overexertion while in and underward			r, and avoid excessive hype	rventilation when breath-hold
9. Use a boat, float or other surface support station				
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.				
I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.				
	DD / MM / N	/\\\		

Date

Date

Signature of Parent or Guardian (if participant is under 18 years old)

Participant's signature

## NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members ("Members"), including Tank-Ha Dive Center and/or any individual PADI Professionals associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Tank-Ha Dive Center and/or the dive professionals associated with the activity.

## LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

DO NOT SIGN THIS DOCUMENT UNLESS YOU UNDERSTAND AND AGREE TO ALL THE STATEMENTS BELOW

I, FULL NAME, hereby declare that I am a certified diver, trained in safe diving practices, and
affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.
I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/ air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for this experience 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 such experience dive(s) in spite of the possible absence of a recompression chamber in proximity to the dive site.
I understand and agree that neither the dive professionals, the facility through which this experience is offered, Tank-Ha Dive Center, Playa del Carmen, Mexico, nor PADI Americas Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter 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, estate, heirs or assigns that may occur as a result of my participation in this experience 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 the experience dive(s), I hereby personally assume all risks of this experience, whether foreseen or unforeseen, that may befall me while I am a participant in this experience.
I further release, exempt and hold harmless said experience and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this experience, including both claims arising during the experience or after I complete the experience.
I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this experience, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.
I understand that past or present medical conditions may be contraindicative to my participation in this experience. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the mediation/drugs.
I will inspect all of my equipment prior to this experience and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.
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 the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.
I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.
I,
I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.
Participant's signature Date
1 ai ticipant 3 signaturo

DD / MM / YYYY

Date

Signature of Parent or Guardian

(if participant is under 18 years old)