

NAME: _____ NATIONALITY: _____

E-MAIL ADDRESS: _____ DEPARTURE DATE: _____

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____

HOTEL: _____ ROOM N. _____ HOW DID YOU FIND US: _____

DIVE AGENCY _____ LEVEL of CERTIFICATION _____ LAST DIVE _____ TOTAL DIVES _____

Requested Equipment: BCD _____ Regulator _____ Wetsuit _____ Fins _____ Mask _____

Diver Accident Insurance? NO YES Policy Number _____

PLEASE NOTE: Cancellations received within 48 hours of the tour commencement are nonrefundable. Late arrivals and no shows are nonrefundable. WE REFUND IF WE DON'T GO, WE DON'T REFUND IF YOU DON'T GO

Participant's Signature

Date (Day/Month/Year)

Boat Travel, Voluntary Release Waiver and Assumption of Risks

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am a certified scuba diver, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site.

I understand that these inherent risks include, but are not limited to, drowning, air expansion injuries, decompression sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea.

By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip and scuba dive(s), whether conducted as a certified diver or a student diver in a diving class.

I understand and agree that neither BELIZE UNDERWATER; nor the staff; nor the crew or owner of the vessel; nor the vessel itself; nor the owners, officers, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or any drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s)/vessel crew. I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning 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 Agreement, or that I have obtained 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. All claims against the Released Parties, arising from this agreement, shall be determined according to the laws of Belize; and be adjudicated in the courts of Belize to exclusion of any other courts.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND I'M AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)