



Reviewed by:

(SNUBA® Guide Name)

Name (complete): _____

Birth Date: ____ / ____ / ____

Street Address: _____

City: _____

State/Country: _____ Zip Code: _____

Phone: _____ E-mail: _____

Emergency Contact: _____

Emergency Number: _____ Hotel: _____ Room# _____

Please answer the following questions on your past or present medical history with a YES or NO. A positive response does not necessarily disqualify you from the SNUBA Adventure. Be honest with your responses. Do not put your health at risk.

If you have answered YES to any of the above questions, you must be cleared to SNUBA dive by a physician.

- Are you more than 3 months pregnant?
Do you have a history of heart attacks or strokes?
Do you have asthma or wheezing with breathing or exercise?
Do you currently have a cold, sinusitis, or bronchitis?
Do you have any form of lung disease?
Do you have epilepsy, seizures, convulsions, or take medications to prevent them?
Do you have a history of blackouts or fainting?
Have you ever had a diving accident or decompression sickness?
Do you have high blood pressure or take medicine to control it?
Do you have a history of heart disease or heart attacks?
Have you ever had heart surgery, angina, or blood vessel surgery?
Do you have a history of bleeding or blood disorders?
Do you have any history of diabetes affecting your ability to participate in a strenuous activity?
Are you currently under the influence of drugs or alcohol?
Do you have a history of ear or sinus surgery?
Do you have a history of ear disease, hearing loss, or problems with balance?
Do you have problems equalizing (popping) ears with airplane or mountain travel?

I, _____ (print full name),

verify that a physician is aware of my current medical status and medical history and has cleared and released me to swim, snorkel or dive. I also verify that the information I have provided about my medical history is accurate to the best of my knowledge. I agree that I will not fly for 4 hours after completing the SNUBA Adventure.

Signed: _____ Date: ____ / ____ / _____ REVIEW / SIGN



Liability Release & Express Assumption of Risk

I, _____ (print full name), Understand That The Purpose Of Signing This Document Is To Exempt And Release Nassau Undersea Adventures Ltd, Stuart Cove's Dive Bahamas, Stuart Cove's Snorkel Bahamas, Stuart Cove's Sub Bahamas, Stuart Cove's Dive South Ocean, Inc., Watersports By Stuart Cove Ltd, Stuart Cove's At Cable Beach, Neptune Watertoys Limited, Blue Adventures, Stuart Cove's Tiger Beach Safaris, The New South Ocean Development Company Ltd., The Lyford Cay Members' Club, Kerzner International Holdings Limited, Kerzner International Bahamas Limited, Wyndham Nassau Resort & Crystal Palace Casino, Albany Resort Operator Ltd, Albany Marina Property Ltd, Park Ridge Securities Corp, along with their parent, related and affiliated companies at every tier, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities, (hereinafter referred to as "released parties"), and to hold these entities harmless from any and all liabilities arising as a consequence of my participation in this SNUBA adventure, or any other acts or omissions on their part, including but not limited to negligence of any type.

I hereby affirm that I have been advised and informed of the inherent hazards of SNUBA diving including, but not limited to, dangers associated with breath-holding, rapid ascents, lung over-expansion, and other risks associated with diving, including water-related injuries such as death by drowning. I understand that such injuries may require treatment in a recompression chamber, but the SNUBA Adventure may take place at a site too far from a recompression chamber in distance or time for treatment to be rendered to me. I still choose to proceed in such excursions despite the inherent risks in this activity and the possible absence of a recompression chamber in proximity to the dive site.

I also understand that SNUBA diving can be a physically strenuous activity and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same. I understand that the Released Parties may not be held liable or responsible in any way for any injury, death, or other damage to me or my family heirs, or assigns, that may occur as a result of my participation in the SNUBA Adventure or as a result of the negligence of any party, including the Released Parties, whether passive or active, or as a result of product defect or failure of any sort.

In consideration of being allowed to participate in this program, I hereby save and hold harmless said program and I personally assume all risks in connection with said program, for any harm, injury or damage that may befall me while I am a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

I understand that SNUBA Adventure is designed to provide me with a safe introduction to breathing underwater with guided supervision. This program is not intended to train me as a competent or independent diver. I further understand and agree that I must be thoroughly instructed in a certification course under direct supervision of a qualified instructor to become a certified, competent diver.

I understand that the terms herein are contractual and not mere recital; and that I have signed this document of my own free act.

I hereby agree that any claims related to this agreement or my participation in the SNUBA Adventure will be adjudicated solely in the courts of the State of California, and that such claims will be decided subject to the application of California and/or United States federal law.

I understand that if any portion of this Liability Release and Express Assumption of Risk agreement is found to be invalid or inapplicable by a Court of competent jurisdiction, that portion shall be severed and the balance of the agreement remain in full force and effect.

I acknowledge that I have also read, had explained to me, and understand the SNUBA Medical Statement before signing it. The information I have provided on the medical statement is accurate and complete.

I have fully informed myself of the contents of this liability release and express assumption of risk by reading it in its entirety before signing it on behalf of myself, my heirs and my personal representatives. It is my intention by signing this agreement to give up my right to sue the released parties and to hold these entities harmless from any and all liability for personal injury, property damage or wrongful death caused by the negligence of the released parties, and I hereby assume all risks associated with my participation in the SNUBA Adventure.

SNUBA International may use photographs or videos of my SNUBA experience strictly for promotional purposes. If you are not in agreement with said use, indicate by checking the following box:

Do not use my images for promotional purposes.

Signature of Participant: _____ Date: ____ / ____ / _____

Signature of Parent or Legal Guardian: _____