



15 Mahogany Street, Dangriga, Belize, Tel: 501-522-2243/1-800-798-1558

**Dive Participation Form – Blue Marlin Lodge R-2354**

*(This form must be signed by every diver prior to first dive. Your c-card must be presented to dive master)*

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ State (Country): \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Hotel: \_\_\_\_\_ Room#: \_\_\_\_\_

What type of certification card do you have? \_\_\_\_\_ Cert Level: \_\_\_\_\_

Card #: \_\_\_\_\_ When was your last dive: \_\_\_\_\_ How Deep: \_\_\_\_\_

Do you have a dive accident insurance policy? YES NO (circle approp)

If Yes, from what company? \_\_\_\_\_ Policy # \_\_\_\_\_

Number of logged dives: \_\_\_\_\_ Are you allergic to anything? \_\_\_\_\_

Are you on medications: \_\_\_\_\_ What if any? \_\_\_\_\_

Blood Type: \_\_\_\_\_ is this your first dive with us? \_\_\_\_\_

**Affirmation, Waiver and Release:**

- I am aware of the inherent hazards of scuba diving and understand that I should
- Be in conditions of good health and physical fitness for diving
- Avoid been under the influence of alcohol or drugs when diving
- Engage in diving activities consistent with my training and experience
- Listen carefully to the dive briefing and directions, and respect the advice of the dive-master supervising my diving activities
- Adhere to the buddy system through every dive
- Observe local diving laws which specifies that no marine life may be removed from the reefs of Belize

Freely and voluntarily, forever, to release, discharge, waive and relinquish, in favour of the Blue Marlin Lodge, any and all claims, demands or cause of action, whether foreseen or unforeseen arising from or in connection with scuba diving. Including, without limitation, those for or relating to accident, personal injury, illness, theft, property damage and/or wrongful death occurring to me, arising out of, relating to, or as a result of my engaging in the activities, whenever or however such injuries, damages or death may occur and for whatever period of time the dive may continue, whether caused by negligence of the Blue Marlin Lodge or otherwise.

That under no circumstances will I, or my estate, sue Blue Marlin Lodge, and I agree that, under no circumstances will I or my heirs, executors, administrators and assigns prosecute or present any claim for personal injury, illness, theft, property damage or wrongful death against Blue Marlin Lodge, as a result of Blue Marlin Lodge's negligence or otherwise.



## “Medical History “

The following information is intended for use in case of an emergency in the event you should be unable to supply it PLEASE REMEMBER THAT YOU ALONE ARE RESPONSIBLE FOR DETERMINING YOUR MEDICAL AND PHYSICAL FITNESS TO DIVE OR TO TAKE PART IN ANY OTHER ACTIVITIES DURING YOUR TRIP. WE TAKE NO RESPONSIBILITY WITH RESPECT TO YOUR DETERMINATION. If you have any questions concerning your medical or physical fitness to dive or take part in any activities please consult your personal physician.

Please write yes/no to any of the following items which apply to your past medical history or present medical conditions:

- |                                                                                                                          |                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am currently taking medications<br>Please list medications _____                              | <input type="checkbox"/> I frequently suffer from motion sickness (seasick, carsick, etc)                                                                                                                                                                          |
| <input type="checkbox"/> I am currently suffering from cold or congestion                                                | <input type="checkbox"/> I have a fear of closed or open spaces (claustrophobia or agoraphobia)                                                                                                                                                                    |
| <input type="checkbox"/> I have a history of respiratory problem or disease<br>Disease                                   | <input type="checkbox"/> I have a nervous system disorder                                                                                                                                                                                                          |
| <input type="checkbox"/> I am a diabetic                                                                                 | <input type="checkbox"/> I have had a head or back injury                                                                                                                                                                                                          |
| <input type="checkbox"/> I have a history of epilepsy, seizures or convulsions                                           | <input type="checkbox"/> I have had decompression sickness (bends) or another diving accident                                                                                                                                                                      |
| <input type="checkbox"/> I have a history of recurring migraine headaches                                                | <input type="checkbox"/> I have hay fever or other allergies                                                                                                                                                                                                       |
| <input type="checkbox"/> I have a history of blackouts or fainting<br>(Full/partial loss if consciousness)               | <input type="checkbox"/> I have a collapsed lung (pneumothorax)                                                                                                                                                                                                    |
| <input type="checkbox"/> I have a history of asthma, emphysema or tuberculosis                                           | <input type="checkbox"/> I have had surgery or a penetrating injury in my chest                                                                                                                                                                                    |
| <input type="checkbox"/> I have a history of sinus problems                                                              | <input type="checkbox"/> I am under the care of a physician or have a chronic illness                                                                                                                                                                              |
| <input type="checkbox"/> I have had ear or sinus surgery                                                                 | <input type="checkbox"/> I am not pregnant                                                                                                                                                                                                                         |
| <input type="checkbox"/> I have a history of ear disease, hearing<br>Loss, or problems with balance                      | <input type="checkbox"/> I am not now suffering nor have I ever<br>suffering from any mental and or<br>Physical disease, illness or disability<br>which would render me unfit for<br>scuba diving, scuba instructions, water<br>skiing, or any other water sports. |
| <input type="checkbox"/> I have a history of problems equalizing<br>(Popping) ears with airplane or mountain<br>Climbing |                                                                                                                                                                                                                                                                    |

**I AM SIGNING MY NAME IMMEDIATELY ABOVE THE WORDS “THIS IS AN AFFIRMATION, RELEASE AND WAIVER” SET FORTH, TO SHOW THAT I MEAN EVERYTHING THAT IS SAID, AND ALL THAT I HAVE SAID, IN THIS DOCUMENT AND I SIGN IT BEING CONSCIOUS OF IT’S IMPORTANCE.**

**Signature:** \_\_\_\_\_  
**THIS IS AN AFFIRMATION, RELEASE AND WAIVER**

**Witness by:** \_\_\_\_\_

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

**Dated:** \_\_\_\_\_