

Julio Kin VIP Scuba Cozumel

Diver Information

Juliokin27@gmail.com

PLEASE FILL IN THE FOLLOWING INFORMATION COMPLETELY!!!!!

Name:	Age: Gender: M F			
Home Address:	City:			
Country: State: _	::Zip Code:			
 Are you currently taking any medications? Yes No If y Do you have any health conditions that could present a pro If yes, please list them on another sheet. 	• • •			
Dive Certifying Agency: St	Student #:			
Level of Training:	Total # of Dives:			
# of Ocean Dives: # Drift Dives:	Date of Last Dive:			
DAN Insurance: Yes No DAN ID #				
Equipment: Please Check What You Need:				
Weight Belt: Weights - # of Pounds:	BCD: Size:			
Regulator: Mask: Snorkel:	Fins: Size:			
Wetsuit: 3 mm 5 mm Size: Dive Comp	nputer:			
GLOVES ARE NOT PERMITTED CONTROL YOUR FINST	UIPMENT • DO NOT COLLECT FROM THE SEA			
PROTECT OUR LIVING CORAL REEF				

Statement of Understanding and Waiver:

I am aware of the inherent hazards of scuba diving and agree that I must:

- Be in good mental and physical condition for diving which includes avoiding the use of drugs and alcohol before and during diving.
- Engage only in diving activities consistent with my training and experience.
- Adhere to local diving regulations, the buddy system, and instructions provided by the Divernaster.
- Understand that I am responsible for any equipment I have rented and agree to pay immediately for any damage or loss.

I have read and fully understand all the above stated information and I release Julio Kin VIP Scuba Cozumel and its agents from all liability whatsoever for personal injury, property loss or damage, or wrongful death.

Signature:	Date:	
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