

Buddy Watersports B.V.
Diving Liability Release and Waiver

Name: _____ Date of Birth: _____
Home Address: _____ City _____
State: _____ Postal Code: _____ E-mail: _____

Check here if you do not want this information used for mailing list purposes

Please read carefully and answer the following questions:

- *Approximately how recent was your last open water dive?* _____
- *Approximately how many dives have you logged previously?* _____
- *Have you been diving with Buddy Dive before?* **yes** **no** *When?* _____

Medical History:

Please check any of the following items that apply to your past medical history or present medical condition, and give a brief description on your response:

- I am currently taking medication. _____
- I am currently suffering from cold or congestion. _____
- I have a history of respiratory problems or disease. _____
- I have a history of seizures, dizziness, fainting or blackouts? _____
- I am a diabetic. _____
- I have a history of sinus problems. _____
- I have had asthma, emphysema or tuberculosis. _____
- I have a history of ear problems. _____
- I have a nervous system disorder. _____
- I have had a head or back injury. _____
- I have had decompression sickness or another diving accident. _____
- I have a history of high blood pressure. _____
- I have hay fever or other allergies. _____
- I have a collapsed lung. _____
- I have had surgery or a penetrating injury to my chest. _____
- I am under care of a physician or have a chronic illness. _____
- I am pregnant. _____

I hereby certify that the foregoing is true and correct.

Signature: _____ **Date:** _____

Release of liability:

I fully understand that my scuba diving, snorkeling or other water sports activities is at my own risk and I release BUDDY WATERSPORTS B.V., it's directors and employees, and save them harmless from all claims, loss, damage, injury and liability arising from any injury and/or illness sustained by me while engaged in diving, snorkeling or any other water sports, caused or occasioned by any of the perils or dangers of the sea or by reason of act, omission, negligence, or default of any diver or divers, Snorkelers or persons engaged in water sports or as a consequence of an illness or disease or disability which renders such person or persons unfit for snorkeling or any water sports.

Equipment:

I hereby accept the equipment in the condition as is. I acknowledge having examined the equipment and have satisfied myself that it is in good order and working condition. BUDDY WATERSPORTS B.V. accepts no responsibility for any defect in the equipment and does not warrant that it is suitable for any particular purpose. I agree that the use of said equipment is at my own risk. I shall return the same in good order and working condition and shall be financially liable for any deviations there from.

Jurisdiction:

I have read, fully understand and agree to the printed conditions of this Release and Waiver and hereby waive for myself, my heirs, executors and administrators any claims and demands of whatsoever nature against BUDDY WATERSPORTS B.V., it's directors and employees, arising hereunder. This agreement shall be determined according to laws of Bonaire to the exclusion of any other courts.

Signature: _____ **Witness:** _____ **Date:** _____