## Bottom Time Divers Dive Application

## Read everything carefully before signing.

Date:		
Name:		
Home Address:	City:	State:
Age: Home Phone:		
Email Address:		
Hotel:	Room:	
Certification agency:	Level & No: _	
First time with Bottom Time?	Yes No	
Do you have dive insurance?	Yes No	
Carrier:	Policy/Member #: _	
Waiver: I am aware of the inherent and physical condition for diving. I wi only in diving activities consistent with briefing and follow all the instructions activities. I will never exceed depth o and to the group dive system through proper buoyancy control when diving ecology. I will not touch or collect any will be diving in Cozumel's National U	Il avoid diving under the influence of my training and experience. I will liby the dive master/instructor who le r time planned by the dive master. I out every dive. I will observe local dand do my best to avoid causing daything and will avoid bothering marin nderwater Park, and I will follow all of	f alcohol or drugs. I will engage isten carefully to the dive sads and supervises my diving I will adhere to the buddy system diving laws. I will maintain mage to the fragile reeful e creatures. I understand that I of its laws.
Iinformation. It is my intention to exem for personal injury, property loss, dam informed myself of the contents of this questions answered to my satisfaction	iage, wrongful death or negligence to ilability release by reading it before	and its agents from all liability through an accident. I have fully
Signature of client:		
Witness:		

**Refund Policy**: Cancellations must be made **before 7:00 p.m.** on the previous night of service to receive a full refund. Any time after 7:00 p.m. or a "no show" will receive no refund.