



STATEMENT OF UNDERSTANDING AND WAIVER

As a diver with Buddy Dive I will:

1. Be in good mental and physical condition for diving at all times.
2. Avoid being under the influence of alcohol or drugs while diving. Buddy Dive staff may disqualify me from diving activities if i am or was still under influence or have a hangover.
3. Engage only in diving activities consistent with my training, comfort and experience.
4. Listen carefully to the dive briefings and respect the advice of the diveguides supervising my activities.
5. Adhere to the buddy system throughout every dive.
6. Follow local diving rules of the national marine park.
7. Never exceed the depth or time limitations planned by the diveguides and never exceed the maximum depth according to my level of certification for recreational diving.
8. Ascend no faster than 30 feet per minute and do a three (3) minute safety stop at fifteen (15) feet on all dives.
9. Make cancellations at least 4 hours before the scheduled date and dive time. All no shows and late cancellations will not be refunded or credited.
10. Understand that the failure to respect Bonaire's fragile reef systems by deliberately touching the reef could result in the premature termination of my planned dives.
11. Acknowledge having examined the equipment and have satisfied myself that it is in good order and working condition before i go diving. I hereby accept the equipment in the condition as is. 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 therefrom.

I, _____, (**name**) have read, fully understand and will conform with all of the above statements. I hereby exempt and release buddy dive and all the agents associated from all liability for personal injury, wrongful death or property loss or damage.

LIABILITY RELEASE AND ASSUMPTION OF RISK

I, _____, (**name**) understand and agree that neither my buddy dive guide(s), divemaster or instructors, or other staff; Buddy Dive Watersport B.V.; Padi Americas, inc., or other certifying agencies, or any of their respective employees, officers or agents; or travel partners (hereinafter referred to as released parties), may be held liable or responsible in any way for any injury, death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this scuba diving or as a result of the negligence of any party, including the released parties, whether passive or active. I further agree that any and all suits or claims against the released parties will be disputed only in the Dutch Caribbean, Bonaire, accepting the rules, laws and regulations of the Dutch Caribbean Bonaire. No complaints, suits or demands will be filed in any other country regardless of the client's country of origin or address. I accept the rules and the courts of the local government of the Dutch Caribbean Bonaire for all disputes of any kind.

****signature of acceptance of above statement**

date: _____

I, _____, (name**) further understand that diving with compressed, and any mixture of oxygen and nitrogen (nitrox), air involves certain inherent risks. Decompression sickness, embolism, or hyperbaric injuries can occur that require treatment in a recompression chamber. I still choose to participate in scuba diving activities.**

In consideration of being allowed to participate in scuba diving activities, I hereby personally assume all risk in connection with scuba diving, for any harm, injury or damage that may befall me while I am participating in scuba diving, including all risks connected therewith, whether foreseen or unforeseen.

Signify your agreement with the following statements with your initials

____ I further hold harmless released parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in scuba diving activities, including both claims arising during scuba diving and after participating.

____ I also understand that scuba diving is a strenuous activity and that I will be exerting myself while scuba diving, and 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 released parties responsible for same.

____ I further state that I am of lawful age and legally competent to sign this liability release or that i have acquired the written consent of my parent or legal guardian.

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

I _____, (name**) by this instrument do exempt and release any and all related entities as defined above, from all liability or responsibility whatsoever. I have fully informed myself of the contents of this liability release and express assumption of risk by reading it before I signed it on behalf of myself and my heirs.**

Signature of participant _____

Signature of legal guardian _____

DIVING ACCIDENT INSURANCE DISCLAIMER-WAIVER

- I purchased or will purchase a DiveAssure diving accident plan, or another similar plan, and will provide you with a proof of coverage before commencing my diving.
- Please add the diving accident program as indicated below to my invoice.

Please mark your choice	Term	USD
<input type="checkbox"/>	Gold – 1 Day	20.33
<input type="checkbox"/>	Gold – 1 week	52.43
<input type="checkbox"/>	Gold – 10 days	58.85
<input type="checkbox"/>	Gold – 2 weeks	63.13
<input type="checkbox"/>	Gold – 3 weeks	73.83
<input type="checkbox"/>	Gold – 30 days	84.35
<input type="checkbox"/>	Gold – Annual	105.93
<input type="checkbox"/>	Platinum – Annual	138.03

Including 7% VAT

- I do not wish to purchase diving accident insurance for this trip/vacation. I understand and agree that the facility and staff will not be held responsible for any evacuation, medical and/or other costs that may incur as a result of a diving accident.

Date: _____ Signature: _____



PREPAID PACKAGE: _____ U/L AIR & _____ BD	
PAID: _____ U/L AIR & _____ BD	
MARINE PARK FEE PAID: <input type="checkbox"/>	ORIENTATION: <input type="checkbox"/>
DIVE CARDS CHECKED: <input type="checkbox"/>	AIR FILL CARD: <input type="checkbox"/>



DIVER'S REGISTRATION AND LIABILITY FORM

NAME:		PHONE:		GROUP NAME:	
HOME ADDRESS:				DEPT DATE:	
CITY:		STATE:		ROOM #:	
		ZIP CODE:			
COUNTRY:		EMAIL:			
BIRTH DATE:		DIVING WITH: AIR / NITROX / CUSTOM GASSES (please circle)			
CERTIFICATION AGENCY:		CERTIFICATION NUMBER:			
HIGHEST CERTIFICATION LEVEL:		DATE OF LAST DIVE:			
EMERGENCY CONTACT:		EMERGENCY CONTACT PHONE:			
RELATIONSHIP WITH EMERGENCY CONTACT		PARK TAG#			
DIVING WITH: AIR 80ft ³ <input type="checkbox"/> 63ft ³ <input type="checkbox"/> NITROX 80ft ³ <input type="checkbox"/> 63ft ³ <input type="checkbox"/> CUSTOM GASES:					