

TRIANGLE DIVING LIMITED (The Company)

THIS IS AN IMPORTANT DOCUMENT. PLEASE READ IT CAREFULLY AND ANSWER EVERY QUESTION IN BLOCK LETTERS. It contains very important legal information, which is needed for our data base records. You will be refused access to the boat unless every question is answered correctly and legibly

Family name:..... First or Given Name:.....

Home Address: Street Town/City.....

State/County/Parish:..... Post Code:..... Country:.....

Telephone Number:..... E-Mail Address:.....

Address in Bermuda Ship/Hotel/Home:..... No of Nights..... No in Party.....

Certification level:..... Date of last dive:..... Open water experience Yes/No

How did you hear about us? Have you dived with us before? Yes/No

If you are staying at the Grotto Bay Hotel, did you choose it because of us? Yes/No

LIABILITY RELEASE AND ASSUMPTION OF RISK

I understand and acknowledge that any activity on, in or under the water carries inherent risk. I am aware of those risks and, to the extent that I have any doubts about them or about my ability to cope with them, I have, and will exercise, my right to discuss them with a member of the staff of The Company with a view to having them explained to me, to my complete satisfaction. I acknowledge that I **must not** participate in any diving activity unless I am fully aware of those risks and freely and voluntarily assume them.

I HEREBY UNCONDITIONALLY AND VOLUNTARILY ASSUME RESPONSIBILITY FOR MY OWN SAFETY AND WAIVE ANY POSSIBLE CLAIM AGAINST THE COMPANY AND EACH AND EVERY MEMBER OF ITS STAFF IN RESPECT TO ANY ACCIDENT OR INJURY I MAY SUFFER OR WHICH MAY ARISE IN ANY WAY FROM MY PARTICIPATION IN THE DIVING PROGRAMME, WHETHER OR NOT SUCH INJURY OR ACCIDENT OCCURS AS A RESULT OF ANY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE COMPANY OR ANY MEMBER OF ITS STAFF, INCLUDING THE RENTAL OR BORROWING OF DIVING OR SNORKELLING EQUIPMENT.

MEDICAL QUESTIONNAIRE:

1. Do you have or have you had any illness, disease or medical condition which could or may be incompatible with safety while diving or which could or may cause injury to yourself, anyone diving in your company or any member of the staff of The Company? Yes/No
2. Have you consumed an excess of alcohol in the last 24 hours? Yes/No
3. Do you intend to fly in an aeroplane in the next 12 hours? Yes/No

Signed.....

Date.....