



# ENGLISH

## DIVERS RELEASE

I, the diver here under mentioned hereby certify that I am a fully certified scuba diver. I have gained the certification detailed below. I now say that I am fully aware of all the dangers and risks involved in participation in skin or scuba diving. In consideration of your allowing me to participate in your diving excursions/s (hereinafter referred to as *the excursion*) I hereby voluntarily release you and discharge you **Davy Jones Diving** and any of its associates (hereinafter referred to as *the operators*) from liability and hereby waive and relinquish any rights and causes of action available at my suit against the operators for personal injury, property loss or damage or death howsoever arising as a result of or caused either directly, indirectly or incidental to my attending upon the excursion wherever or however the same may occur and in any way connected with the use or misuse of any equipment or vehicles of the operator or otherwise and whether that equipment be owned by the operator (hereinafter separately and collectively referred to as *the cause or the action*). I hereby further agree that in the event that any claim in respect of the cause or the action shall be made, instituted or prosecuted against the operator then I hereby agree that I will indemnify and save the operator from all or any such claims. I the undersigned hereby certify that I have read and understand the disclaimer printed above and the Safe Diving Practices.

Divers Name: \_\_\_\_\_ ID or Passport No \_\_\_\_\_

Hotel: \_\_\_\_\_ Room Number: \_\_\_\_\_

Tour Operator: \_\_\_\_\_ Divers Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone no. in Gran Canaria: \_\_\_\_\_

Date of dive: \_\_\_\_\_ Date of return flight: \_\_\_\_\_

Date of previous (last) dive : \_\_\_\_\_ Number of logged dives : \_\_\_\_\_

Qualification: PADI BSAC CMAS \_\_\_\_\_ Level: OWD AOWD RESCUE DM Sports DL

Other : \_\_\_\_\_ Diver / member number: \_\_\_\_\_

I confirm that I meet the medical requirements for diving No  Yes

Have you ever suffered any diving related injuries Yes  No   
If yes please explain to an instructor

I agree to follow the Davy Jones Diving set of Safe Diving Practices No  Yes

Holiday / Diving Insurance provider \_\_\_\_\_ Expires by \_\_\_\_\_

Age if under 16 or over 50 \_\_\_\_\_(years) 16-25  26-35  36-50

Warning: Our floors become very slippy when wet – Bare feet are not allowed - Tick to confirm



Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian if under 16, I give my express permission for diving):

Signature Parent or Guardian: \_\_\_\_\_

### Center Use Only

<b>INSURANCE</b>	<b>EQUIPMENT</b>	<b>NITROX</b>	<b>BOAT</b>	<b>BATTERY</b>	<b>LOGBOOK</b>	<b>OTHER</b>
DAY 1 WEEK	COMPUTER	TANKS	SUPPL.	CHANGE		
1 MONTH 1 YEAR						