

HAMMERHEAD SCUBA DIVING & SNORKELING CENTER



Guest Registration Card

Name _____ Birthdate ____/____/____

Address _____:

City _____ State _____

Zip Code _____ Phone Number _____

E-Mail _____

Arrival Date _____ Departure Date _____

Group Name _____ Group Leader _____

Are you a Dive Shop or Travel Agency Owner? Yes _____ No _____

If Yes, Name of Dive Shop or Agency Trave _____

Address of above business _____

City _____ State _____ ZipCode _____

Website _____ E-Mail _____

Diver Information

Certification Agency _____

Number _____ Year Certified _____

Certification Level _____ Number of logged dives _____

Date & Location of last dive _____ Are you DAN insured Yes _____ No _____

DAN # _____ Any other scuba insurance _____

Emergency Notification

Name _____ Relationship _____

Address _____ City _____

_____ State _____ ZipCode _____

PhoneNumber _____ E-Mail _____ Any _____

othermethod of contact _____

WAIVER AND RELEASE OF LIABILITY

I hereby swear and affirm that the above information is true and complete. I fully understand the risks and dangers involved in scuba diving and hereby assume all responsibility for my safety. It is my intent to completely release and to save and hold harmless Hammerhead Scuba Diving & Snorkeling Center, their staff and agents, from any responsibility for my safety or my actions while using their equipment, while on their boats or participating in their sponsored activities. I have personally inspected the equipment and have determined it to be in good working condition.

Signature _____ Date _____

Witness _____ Date _____