



Diver Registration

Personal Information:

Name: _____

Position (Scientist, Intern, Student, etc.): _____

Mailing Address: _____

Permanent Address: _____

Phone (day): _____ Phone (night): _____ Fax: _____

Birth Date: _____ Age: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Recreational Diving Certifications:

Agency	Certification Level	Date	Location	Instructor and Number
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_____	_____	_____	_____	_____
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Scientific Diving Certifications:

University, State, Federal or Private Organization: _____

Date Certified From: _____ To: _____ Depth: _____ Diving Officer: _____

Related Certifications:

	Agency	Level	Date(Initial)	Date(Current)
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CPR	_____	_____	_____	_____
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First Aid	_____	_____	_____	_____
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Oxygen Training	_____	_____	_____	_____
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Lifesaving	_____	_____	_____	_____
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SCUBA Waiver

THIS AGREEMENT made the _____ day of _____, _____ BETWEEN (1) _____ of (2) _____ (hereinafter called "the User") and the BERMUDA INSTITUTE OF OCEAN SCIENCES, incorporated under the laws of the State of New York in the United States of America (hereinafter called "BIOS").

WHEREBY IT IS AGREED that in consideration of BIOS making available to the User the boats, diving gear and other equipment relating thereto, belonging thereto, or in the possession of BIOS, and in reliance upon the statement of the User that he/she is a qualified SCUBA diver with a valid diving certificate issued by (3) _____ numbered (4) _____ and with _____ years' experience, with _____ open water dives, the User hereby for himself, his heirs, his personal representatives and dependents, hereby releases, discharges and agrees to hold harmless BIOS, its successors and assigns and its trustees, directors, officers, employees, representatives and authorized agents (individually or collectively) from all actions, proceedings, claims and demands that the User, his heirs, personal representatives and dependents may have for injury (including injury resulting in death) however caused or sustained by the User and for the loss of or damage (however caused) to his personal belongings suffered while using the boats, diving gear or other equipment relating thereto belonging to or in the possession of BIOS, including, but not limited to, such injury, loss or damage resulting directly or indirectly from negligence or failure to take reasonable care to see that the User will be reasonably safe, of BIOS, its trustees, directors, officers, employees, representatives or authorized agents, from the malfunction of diving gear or other equipment, and from operation, use, loading, unloading or unseaworthiness of boats or other watercraft owned, maintained or operated by BIOS.

The User confirms that he/she has read and agrees to obey the diving regulations of BIOS (contained in the BIOS Standards for Scientific Diving Manual) and realizes that he/she is ultimately responsible for his/her own safety. It is clearly the diver's responsibility to refuse to dive if, in his/her judgment, conditions are unsafe.

IN WITNESS THEREOF the parties have signed this agreement the day and year first written above.

Bermuda Institute of Ocean Sciences

by:

(BIOS Representative sign)

(BIOS Rep. Print Name)

User (PLEASE PRINT NAME)

User (signature) / (date)

Witness for User (please print name /sign)



You are required to produce a diver certification card, a copy of which will be kept on file at BIOS and a diver log book verifying your dives. If user is a minor, parent(s) or legal guardian(s) must also sign.

Parent(s) or Guardians(s) names (please print)

Parent(s) or Guardian(s) (signatures)

KEY:

- | | |
|--|----------------------------------|
| (1) User's Name (printed) | (3) Certifying organization name |
| (2) User's organization name (printed) | (4) Certification Number |



Boat and SCUBA Regulations

Users of Bermuda Institute of Ocean Sciences (BIOS) boats are hereby warned that they use these boats at their own risk and that by using the boats do agree to abide by the following regulations laid down for their safety and convenience by BIOS:

- 1. The Captain's word is final on all matters of safety and boat operation.**
- Nobody will go overboard (even while alongside the dock) without the permission of the Captain or Diving Supervisor.
- Nothing is to be put in the water without the Captain's knowledge and approval.
- Nobody is to interfere with switches, valves, dials, blocks, radios, echo sounders, Loran receivers, radars, or any other equipment unless expressly asked to do so by the Captain.
- Strict attention is to be paid to the safety review given at the beginning of your first trip on a BIOS boat. It will inform you of the safety equipment on the vessel and how it is to be used in case of an emergency. If you do not understand how the equipment functions it is your responsibility to ask the Captain to clarify its use.
- 6. Smoking is strictly prohibited in the enclosed areas of the boats.**
- Alcoholic beverages are not allowed on any BIOS vessel at any time.
- Under normal circumstances PASSENGERS are not permitted on foredecks or wheelhouse roofs while vessels are underway.
- Passengers should avoid distracting the Captain while he/she is negotiating bridges, channels etc.
- 10. Divers and snorkelers are not allowed in the wheel house in wet equipment (wet suits, etc.) without the express permission of the Captain. Salt water destroys boat interiors.**
- All passengers must, during docking procedures, stand back from the railing to allow the crew to work lines. All hands and feet must be kept inside the vessel at all times, and especially when vessel is approaching docks, bridges, other vessels, etc.
- 12. Sea sickness is best tolerated on deck in the fresh air. On no account should you use the head if you are sea sick. If you feel sick you should move to the side of the vessel towards the stern and down wind.**
- Do not disembark until the Captain or Dive Supervisor gives permission. Remove your equipment promptly from the vessel.
- No diving is permitted at BIOS until the appropriate papers have been signed and filed with the Diving Safety Officer (DSO) and a check out dive has been completed by the DSO or his appointed assistant.
- No diving is permitted from BIOS boats, at the BIOS dock areas, or with BIOS equipment without notification of the Diving Safety Officer.
- 16. All SCUBA diving, snorkeling and swimming shall be conducted using the buddy system.**
- Obey all rules and regulations regarding specimen or artifact collecting posted on the boats and available from the BIOS Library.
- Secure all equipment safely to prevent injury.



19. The individual diver must realize that she/he is ultimately responsible for her/his own safety. It is clearly the diver's responsibility to refuse to dive if in her/his judgment, conditions are unsafe.

20. **Do not enter the water unless you are sure of the time, depth and air supply constraints on your activity.**

21. The following is a list of equipment that each diver must have:

- | | |
|---|---|
| a. Mask, fins, snorkel | e. Time keeping device |
| b. Regulator with alternate air source
(Octopus) | f. Whistle |
| c. Submersible pressure gauge | g. Log book |
| d. Depth gauge | h. Light(s) primary and cylume (night dives only) |

BIOS only supplies tanks and weight belts. All other equipment should be obtained prior to coming to Bermuda. (There is no diving gear available for rent in Bermuda unless you dive with a local dive operator.)

22. **Should it be necessary to recall divers, snorkelers, and/or swimmers to the boat, the boats are equipped with a recall device that will emit a loud tone into the water or vocal messages may also be used. Upon hearing this signal you should immediately return to the boat. This may result from an emergency or an impending emergency such as bad weather approaching.**

I, _____ (PRINT NAME) HAVE READ AND UNDERSTAND THE ABOVE REGULATIONS GOVERNING THE USE OF, AND CONDUCT ON, BERMUDA INSTITUTE OF OCEAN SCIENCES VESSELS AND AGREE TO COMPLY WITH THESE REGULATIONS. I ALSO UNDERSTAND THAT FAILURE TO FOLLOW THESE REGULATIONS, FROM BEING ON BOARD A VESSEL TO CARELESSNESS DUE TO ACTIVITY OR EQUIPMENT HANDLING AT SEA, COULD RESULT IN PERSONAL INJURY TO ME OR A MEMBER OF MY GROUP.

_____(Signature) _____(Date)

****NOTES TO CHARTERERS:** To save misunderstanding, please make sure the trip log has been filled out and signed promptly after docking at BIOS.

Departing and Docking: You will be charged from the time you have signed up for the boat **NOT** when it leaves the dock unless the delayed departure is due to BIOS staff or equipment. Also you may be charged a cancellation fee if you cancel less than the day before a proposed trip unless it is a weather call, which will be confirmed by the Dive Master or Captain.

CERTIFIED DIVERS

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ diver name, hereby affirm that I am a certified scuba diver trained in safe dive practices and know that skin diving and scuba diving (hereinafter "Diving") have inherent risks which may result in serious injury or death.

I understand that scuba diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. If I am scuba diving with oxygen enriched air ("Enriched Air") or other gas blends including oxygen, I also understand that it involves inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. I further understand that the Diving activities will be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with these activities in spite of the absence of a recompression chamber in proximity to the dive site(s).

I understand and agree that neither _____ store/resort and/or vessel, nor the dive professional(s) who may be present at the dive site, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors and assigns (hereinafter "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur during Diving activities as a result of my participation in Diving or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness for Diving. I further state that I am not under the influence of alcohol or any drugs that are contraindicated to Diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that Diving is a physically strenuous activity and that I will be exerting myself during this activity and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s). I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly.

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 guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns, and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

CERTIFIED DIVERS

I, _____, diver name _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE
_____, store/resort and/or vessel _____, THE DIVE PROFESSIONAL(S), PADI AMERICAS, INC., AND ALL
RELATED ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR
WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT
AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)

Diver Accident Insurance? NO YES Policy Number _____



LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").

I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs _____, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in the Programs or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that may befall me while I am a participant in the Programs including, but not limited to, the academics, confined water and/or open water activities. I further release, exempt and hold harmless said Programs and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification(s).

I understand that past or present medical conditions may be contraindicative to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I affirm it is

my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in the Programs and agree to accept responsibility for my failure to do so. I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the date on which I sign this Agreement.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

MEDICAL STATEMENT – Participant Record, (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body

air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.



Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- Are you over 45 years of age and can answer YES to one or more of the following?
- currently smoke a pipe, cigars or cigarettes
 - are currently receiving medical care
 - have a high cholesterol level
 - high blood pressure
 - have a family history of heart attack or stroke
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hayfever or allergy?
- Frequent colds, sinusitis or bronchitis?
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?

- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in scuba programs. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition, or any changes thereto.

Signature

Date

Signature of Parent or Guardian (where applicable)

Date

Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, Print Name, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.

5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



**Equipment Rental Needs
for Visiting Groups
Educational Diving
Program**

Due to individual preferences, BIOS encourages students to purchase their own mask, snorkel and fins. BIOS provides access to a tank and weights as per the fee schedule.

Rental prices for duration of stay at BIOS:

BCD: \$25.00
Regulator: \$25.00

Name: _____

Group Name: _____

Total number of dives completed: _____

Date of last dive: _____

Number of dives in the last 2 years: _____

Rental Request

Regulator (please check one): **Yes** **No**

BCD (please check one): **Yes** **No**

BCD Size (please check one):

XXS

XS

S

M

L