



SUB

Scenic Underwater Bubble REGISTRATION FORM



Please fill out this form clearly in block letters.

DATE	M/D/Y	
NAME		<p>Would you like to rent a wetsuit for an additional \$10? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to purchase an underwater camera for an additional \$22? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please tick the appropriate box.</p>
ADDRESS		
CITY & STATE		
ZIP CODE		
E-MAIL ADDRESS		
HOME PHONE #		
HOTEL & ROOM #		
DATE OF BIRTH		
DATE OF DEPARTURE FROM NASSAU		

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP TO YOU	TELEPHONE #

HOW DID YOU HEAR ABOUT US?

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> SKIN DIVER MAGAZINE | <input type="checkbox"/> TOURIST NEWS | <input type="checkbox"/> INSTRUCTOR |
| <input type="checkbox"/> RODALE'S SCUBA DIVING | <input type="checkbox"/> HOTEL TOUR DESK | <input type="checkbox"/> BEEN HERE |
| <input type="checkbox"/> WHAT'S ON (NASSAU) | <input type="checkbox"/> BELLMAN/CONCIERGE | <input type="checkbox"/> FRIEND |
| <input type="checkbox"/> ISLAND MAPS | <input type="checkbox"/> BROCHURE | <input type="checkbox"/> INTERNET |
| <input type="checkbox"/> WHAT TO DO | <input type="checkbox"/> YELLOW PAGES | <input type="checkbox"/> TELEVISION |
| <input type="checkbox"/> TRAILBLAZER MAPS | <input type="checkbox"/> TRAVEL AGENT | <input type="checkbox"/> OTHER. |
| <input type="checkbox"/> WELCOME (in room book) | <input type="checkbox"/> DIVE SHOP | _____ |

Please Specify

METHOD OF PAYMENT:	TOTAL CHARGE
VISA/MASTERCARD	
AMERICAN EXPRESS	
TRAVELLER'S CHEQUES OR CASH	
PRE-PAID VOUCHER	ISSUER & #

PLEASE READ AND SIGN THE LIABILITY RELEASE ON THE OTHER SIDE OF THIS FORM

SUB Scenic Underwater Bubble Complete Liability Release

I UNDERSTAND THAT THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE NEPTUNE WATERTOYS LTD, BLUE ADVENTURES, NASSAU UNDERSEA ADVENTURES LTD, STUART COVE'S DIVE BAHAMAS, STUART COVE'S SNORKEL BAHAMAS, STUART COVE'S SUB BAHAMAS, STUART COVE'S DIVE INC., WATERSPORTS BY STUART COVE LTD, BAHAMA BLUE WATERSPORTS, BROOKFIELD HOSPITALITY PROPERTIES LLC, BREF BAHAMAS LTD, ATLANTIS RESORT SPE LIMITED, ATLANTIS HOLDINGS (BAHAMAS) LIMITED, ISLAND HOTEL COMPANY LIMITED, PARADISE ENTERPRISES LIMITED, BROOKFIELD HOSPITALITY MANAGEMENT LLC, MARRIOTT INTERNATIONAL, INC., RESIDENCES AT ATLANTIS DEVELOPMENT LIMITED, HARBORSIDE AT ATLANTIS DEVELOPMENT LIMITED AND HARBORSIDE AT ATLANTIS MANAGEMENT LIMITED, THE NEW SOUTH OCEAN DEVELOPMENT COMPANY LTD., THE LYFORD CAY MEMBERS' CLUB, ALBANY RESORT OPERATOR LTD., ALBANY MARINA PROPERTY LTD., PARK RIDGE SECURITIES CORP., ALONG WITH THEIR PARENT, RELATED AND AFFILIATED COMPANIES AT EVERY TIER, AND THE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS OF EACH OF THE FOREGOING ENTITIES, AND ITS BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED), HEREINAFTER REFERRED TO AS "RELEASED PARTIES", AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF ANY TYPE:

1. I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH USING COMPRESSED AIR DURING SUB OPERATION, SNORKELING AND BOATING, included but not limited to equipment failure, perils at sea, harm caused by marine creatures (including bites) acts of fellow participants, entering or exiting the water, boarding or disembarking boats including but not limited to moving about the boats and activities on the docks and I HEREBY ASSUME SUCH RISKS.
2. I agree to listen carefully to and follow all instructions taught to me regarding SUB operation and I will indicate if I do not understand anything presented to me.
3. I UNDERSTAND THAT I HAVE A DUTY TO EXERCISE REASONABLE CARE FOR MY OWN SAFETY AND I AGREE TO DO SO.
4. I also understand that snorkeling and SUB operation is a physically strenuous activity and that I will be exerting myself during this SUB or snorkeling program, and that if I am injured as a result of heart attack, panic, hyperventilation, or any and all medical or physical conditions, that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for same.
5. I assert that I am physically fit to participate in SUB and snorkeling activities underwater and I will not hold NASSAU UNDERSEA ADVENTURES LTD., STUART COVE'S DIVE SOUTH OCEAN INC., SOUTH OCEAN DEVELOPMENT CO. THE LYFORD CAY MEMBERS' CLUB or their employees, agents, or other associated personnel responsible if I am injured as a result of ANY problems (medical, accidental, or otherwise) which occur while participating in SUB and snorkeling activities or while riding on the boat, or otherwise participating in the trip.
6. I fully understand that the involved boat has limited medical facilities and that in the event of illness or injury appropriate medical care must be summoned by radio and treatment will be delayed until I can be transported to a proper medical facility. I agree in advance to these conditions.
7. The participating dive store and/or boat have made no representation to me implied or otherwise that they or their crew can or will perform safe rescues or render first aid. In the event I show signs of distress or call for aid I would like assistance and will not hold NASSAU UNDERSEA ADVENTURES LTD., STUART COVE'S DIVE SOUTH OCEAN INC., THE NEW SOUTH OCEAN DEVELOPMENT COMPANY LTD. THE LYFORD CAY MEMBERS' CLUB, NEPTUNE WATERTOYS LTD, BLUE ADVENTURES KERZNER INTERNATIONAL HOLDINGS LIMITED, KERZNER INTERNATIONAL LIMITED WATERSPORT BY STUART COVE, STUART COVE AT CABLE BEACH, WYNDHAM NASSAU RESORT & CRYSTAL PALACE CASINO, their crew, dive boats or passengers responsible for their actions in attempting the performance or rescue or first aid.
8. IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSONS OR ENTITES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELEASE STUART COVE'S AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PORPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE AND I ASSUME ALL RISK IN CONNECTION WITH SUB (SCENIC UNDERWATER BUBBLE) SNORKELING, AND BOATING ACTIVITES, INCLUDING BUT NOT LIMITED TO THE MAINTENANCE OF THE EQUIPMENT OR ORGANIZATION OF THIS ACTIVIY.
9. I have carefully read this contract in its entirety, fully understand its contents, and agree to the terms and conditions of this contract on behalf of myself, my heirs, and my personal representatives. This document constitutes the final and entire agreement between Stuart Cove's and the undersigned. There are NO WARRANTIES expressed or implied, which extend beyond the description of the activity listed on this form. THIS IS A COMPLETE RELEASE OF LIABILITY AND LEGALLY BINDING CONTRACT.

I have read this agreement, an aware that it is a release of liability and a contract between myself and Stuart Cove's. I sign it of my own free will and agree to be bound by it, from the date of my signature, forever into the future.

Signature of participant

From (Date)

To (Date)

Print Name

Witness

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

Signature of Parent or Guardian

Date M/D/Y

Parent or Guardian