

Name: _____ Middle: _____ Last: _____



SeaSigns™ Candidate Information

General Information

Course Information

Course: _____ Start date: _____ Course fee: _____

Deposit amount: _____ Date paid: _____ Paid by: _____

Balance amount: _____ Date paid: _____ Paid by: _____

Course checklist (initial each as completed satisfactorily)

Application completed Medical completed Written exam completed
 Certification checked Parental consent completed Confined water training completed
 Waiver completed Classroom training completed Certification card issued

Student Information

First name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Fax: (____) _____ Pager/Cell phone: (____) _____

E-mail: _____

Sex: Male Female Marital status: Married Single

Age: _____ Birth date (dd/mm/yy) ____/____/____

Occupation: _____ Referred by: _____

Previous certifications: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Work phone: (____) _____

Doctor's name: _____ Phone: (____) _____

Address: _____

How did you hear about course?

Magazine article or ad From a friend or acquaintance
 Mailing Dive store information or personnel
 Other _____

What courses interest you?

Underwater Nature Signing Underwater Photography & Videography Signing
 Technical Diver Signing

SeaSigns, Inc.
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Phone & Fax: 727.518.7152
E-mail: suzsea@seasigns.com Web site: www.seasigns.com

Name: _____ Middle: _____ Last: _____

SeaSigns™ Candidate Information

Explicit Acceptance of Risk Related to Diving and Associated Activities

I (Candidate's name) _____ do declare that I am a certified diver. I am certified with _____ organization which issues certifications. My certification number is _____, the date of my certification was _____, and the instructor who signed my certification was _____. I have been fully informed of the risks and hazards of snorkeling, skin and/or scuba diving (hereafter referred to as "Diving"). I understand diving is an inherently dangerous activity. I understand fully that these risks and hazards can lead to property damage, personal injury, or death to me, my family, heirs, or assigns. I understand that diving involves some risk of hyperbaric injuries. I opt to proceed despite the possible absence of a recompression chamber near the site. I freely accept and expressly assume all risks and dangers associated with or arising out of diving activities including those that could result in property damage, personal injury, or death.

Liability Release, Liability Claim Waiver, and Indemnity Agreement

Read following carefully. Fill in all blanks. Initial each paragraph before signing bottom of this section.

I agree that because I was allowed to enroll in this class, as well as use the facilities and equipment of the of the persons and entities listed below, I hereby agree to the following:

___ TO WAIVE, HOLD HARMLESS, AND RELEASE FROM ANY AND ALL CLAIMS based upon active or passive negligence that I may have in the future against any of the following named persons or entities or any of their officers, directors, employees, agents, volunteers or assigns (hereafter referred to as "Releasees") or SeaSigns, Inc.

Instructor(s): _____

Facility: _____

Others: _____

___ To personally assume responsibility for all foreseen and unforeseen risks for any harm, injury, or damage that may occur to me relating to this course, while I am enrolled as a student or after certification.

___ To release the Releasees from any liability and responsibility, whatsoever, for any lawsuits, claims, or causes of action that I, my family, estate, heirs, executors, or assigns may have for property damage, personal injury, or death arising from diving activities whether the result of either passive or active negligence of the Releasees or for any other reason. By signing this document, I agree to hold the Releasees harmless for any property damage, injury, or loss of life which may occur to me during the course or after certification.

___ That by entering into this agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is recorded in this agreement.

___ That I understand all the forms are contracts. I have signed this document of my own free will. That if any provision of this contract is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be constructed as though the unenforceable provision had never been contained in this document.

___ That I am legally competent and of lawful age to sign this document, or I have obtained the freely given written consent of my parent or guardian on my behalf.

It is the intention of (Candidate's name) _____ by this instrument to exempt and release my instructor (instructor(s) name) _____, the facility through which I received my instruction (facility name) _____, SeaSigns, 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 active or passive. I have made myself fully aware of the contents of this Liability Release and Express Assumption of Risk by reading it before I signed it for myself and my heirs.

Candidate's Signature _____ Date: _____