

# CREER RELEASE

## Personal Information

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
e-mail: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Diver-Level certification

Agency & Diver#: \_\_\_\_\_  
(Check Off Highest Applicable Rating Below)

- Intro to Cave / Cave 1  
 Full Cave / Cave 2

Cave Specialties:  
Stage: \_\_\_ Multistage: \_\_\_ DPV: \_\_\_ CCR: \_\_\_  
CCR Rating:  
Air Dil: \_\_\_ Normoxic Trimix: \_\_\_ Hypoxic Trimix: \_\_\_

### Instructor/IT-Level certification

Agency & Instructor/IT#: \_\_\_\_\_  
(Check Off Highest Applicable Rating Below)

- Intro to Cave / Cave 1  
 Full Cave / Cave 2

Cave Specialties:  
Stage: \_\_\_ Multistage: \_\_\_ DPV: \_\_\_ CCR: \_\_\_  
CCR Rating:  
Air Dil: \_\_\_ Normoxic Trimix: \_\_\_ Hypoxic Trimix: \_\_\_

## Medical Information

**You are solely responsible to determine your medical and physical fitness to dive or engage in diving activities.**

Please check any following items that apply to your past medical history or present medical condition.

If you check any of these in the affirmative a fully completed RSTC Medical Form will be required.

- I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.
- I am over 45 years of age **AND**
- I currently smoke or inhale nicotine by other means. **OR**
  - I have a high cholesterol level. **OR**
  - I have high blood pressure. **OR**
  - I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, **OR** have a family history of heart disease before age 50
- I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), **OR** I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.
- I have had problems with my eyes, ears, or nasal passages/sinuses.
- I have had surgery within the last 12 months, **OR** I have ongoing problems related to past surgery.
- I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.
- I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.
- I have had back problems, hernia, ulcers, or diabetes.
- I have had stomach or intestine problems, including recent diarrhea.
- I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).

Signature: \_\_\_\_\_

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## ALL DIVERS MUST COMPLETE THE FOLLOWING

I, \_\_\_\_\_, the undersigned, submit that I understand and agree to the following:

- \_\_\_\_\_ INITIAL - SCUBA diving is a hazardous activity with risks that may result in serious injury or death.
- \_\_\_\_\_ INITIAL - Breathing any compressed gases underwater involves inherent risks, including decompression injuries, embolism, oxygen toxicity, or hyperbaric injuries that may require recompression chamber treatment or hospitalisation.
- \_\_\_\_\_ INITIAL - Any transportation, rental, or use of dive equipment, confined water, open water, cavern, or cave diving activities (hereinafter referred to as "Diving Activities") may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facility.
- \_\_\_\_\_ INITIAL - No facility through which I base my Diving Activities as an independent diver, nor any of their respective employers, officers, agents, contractors or assigns, nor the dive cylinder filling station, nor any cenote owners, land owners, nor property managers (herein referred to as "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, death, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in Diving Activities.
- \_\_\_\_\_ INITIAL - Diving is a physically strenuous activity and that I will exert myself while diving. I am physically fit to dive as determined by a physician. If I am injured or killed as a result of cardiac events, panic, hyperventilation, oxygen toxicity, drowning or any other reason, I expressly assume all risks and that I will not hold the Released Parties responsible for the same. I still wish to proceed with these Diving Activities and I assume all risks
- \_\_\_\_\_ INITIAL - I indemnify and hold the Released Parties harmless from all liability, claims or lawsuits, including both claims arising during the period of independent diving or after.
- \_\_\_\_\_ INITIAL - It is my express intention to give up my right to sue any Released Parties from all liability arising as a consequence of any act or omission including, but not limited to, active or passive negligence of any type.
- \_\_\_\_\_ INITIAL - I will not dive beyond limits of my certifications or in violation of commonly accepted diving practices.
- \_\_\_\_\_ INITIAL - I carry medical insurance for Diving Activities, or I will be personally responsible for treatment costs.
- \_\_\_\_\_ INITIAL - I hereby authorise the administration and provision of first aid, rescue, recovery resuscitation or medical assistance, but release any obligation of such by Released Parties.
- \_\_\_\_\_ INITIAL - I personally assume all risks, foreseen and unforeseen, of diving independently.
- \_\_\_\_\_ INITIAL - I have read and will comply with the diving guidance and protocols published by the Comité Regional de Espeleobuceo, Ecología y Regulación (CREER) Line and Safety Committee, published at the following link:  
[https://creerlineas.com/wp-content/uploads/2021/10/CREER-Guidance\\_for\\_Visiting\\_Divers\\_and\\_Instructors-Eng\\_Esp.pdf](https://creerlineas.com/wp-content/uploads/2021/10/CREER-Guidance_for_Visiting_Divers_and_Instructors-Eng_Esp.pdf)

I further understand and agree to the following:

- \_\_\_\_\_ INITIAL - Any witnessed failure to comply with safe cave diving practices or local practices outlined in the CREER link above may result in the requirement to hire a local guide or instructor to mitigate unsafe practices.
- \_\_\_\_\_ INITIAL - Any witnessed failure to comply with mitigation procedures may result in denial of service, equipment rental, and/or gas fills by any and all local dive operations.

## ALL INSTRUCTORS CONDUCTING A COURSE MUST COMPLETE THE FOLLOWING

I, \_\_\_\_\_, the undersigned, submit that I understand and agree to the following:

- \_\_\_\_\_ INITIAL - I assume all responsibility for the students in my purview and cannot hold any Released Parties at fault.
- \_\_\_\_\_ INITIAL - I am current and practiced in the level of training I am conducting.
- \_\_\_\_\_ INITIAL - Any course I conduct locally will be in accordance with local procedures as outlined by CREER
- \_\_\_\_\_ INITIAL - Any witnessed failure to comply with agency standards and/or local teaching procedures may result in the requirement to hire a local instructor to mitigate safety and/or local practices
- \_\_\_\_\_ INITIAL - Any witnessed failure to comply with mitigation procedures may result in denial of service for myself and my students up to and including denial of service, equipment rental, and/or gas fills by any and all local dive operations.

## ALL DIVERS MUST SIGN BELOW

I UNCONDITIONALLY AGREE AND STATE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY. I AM LEGALLY COMPETENT TO SIGN THIS LEGALLY BINDING CONTRACT NOT TO SUE.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)