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MEDICAL DECLARATION FOR CERTIFIED DIVERS

PARTICIPANT INFORMATION - Please write clearly in English

First Name: _____ Surname: _____

Date of Birth: ____ / ____ / ____ Sex: M/ F

Address: _____

State: _____ Country: _____ Postcode: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

| Have you had/ do you suffer from any of the following? (please tick Yes or No) | Yes | No |
|--|-----|----|
| Asthma or Wheezing | | |
| Chest surgery | | |
| Chronic Bronchitis | | |
| Diabetes Melitis (Sugar Diabetes) | | |
| High Blood Pressure | | |
| Illness or operation in the last month | | |
| Pregnant or planning to be | | |
| Ingested alcohol within 8 hours prior to diving | | |
| Major joint/ back injury | | |
| Fainting, seizures or blackouts | | |
| Collapsed lung (Pneumothorax) | | |
| Are you taking prescribed medicines or drugs (excluding contraceptives) – if yes please list clearly below | | |
| Any other medical conditions not listed above? If yes, please list these clearly below | | |
| Please clearly list any medications/ other medical conditions below | | |

| | |
|--|-------------|
| | Checked by: |
|--|-------------|

| Please answer the following questions truthfully (please tick yes or no) | Yes | No |
|--|-----|----|
| Have you dived on a coral reef? | | |
| Have you dived from a boat? | | |
| Have you ever experienced strong currents? | | |
| Have you ever dived in rough seas/high winds? | | |
| Have you ever been involved in a Scuba incident? | | |
| Are you feeling confident about today's diving activities? | | |

Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk? YES NO

Signed,
Name _____ Signature _____ Date: ____ / ____ / ____

Witness Name _____ Signature _____ Date: ____ / ____ / ____

For Minors (under 18 years old)
Parent/ Guardian's Name _____ Signature _____ Date: ____ / ____ / ____

| Diving Certification & Experience | Cert card checked by: |
|-----------------------------------|----------------------------------|
| Certification level: | Certification agency: |
| Certification date: | Certification number: |
| Number of logged dives: | Date and location of last dives: |

IMPORTANT: Are you flying within the next 24 hours? Yes/ No If yes, details:

Liability Release and Assumption of Risk Agreement

CERTIFIED DIVERS

Please read carefully and fill in all blanks before signing.

I, (print full name) _____, hereby declare that I am a certified diver, trained in safe diving practices and know that skin diving and scuba diving (hereinafter "Diving") have inherent risks which may result in 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. 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 despite the absence of a recompression chamber in proximity to the dive site(s).

I understand and agree that neither, **Dreamtime Dive and Snorkel, Reef Magic Cruises and Experience Co** nor the dive professionals who may be present at the dive site, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations nor its affiliate and subsidiary corporations, nor any of their respective employees, agents or 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 stopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE, **Dreamtime Dive and Snorkel, Reef Magic Cruises and Experience Co**, 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.

Date _____
Participant signature

Date _____
Signature of Parent or Guardian