

SAFETY #

/#Dives

CERTIFIED DIVER

Good morning and welcome aboard. You are on your way to the Great Barrier Reef, the largest protected marine park in the world. To fulfil our obligations to Workplace Health and Safety, and to ensure you have the safest and most enjoyable day diving, please take a few moments to complete this questionnaire.



Name: First Middle Last Date of Birth: DD / MM / YYYY Age: YRS

City/Town of Residence: Country of Residence:

E-mail Address: Phone:

Emergency Contact Name: Emergency Contact Phone:

Certification Level: Agency (PADI, SSI etc): Certification Date: DD / MM / YYYY

Certification ID: VERIFIED ONLINE OR CARD SIGHTED by:

Total Logged Dives: Dives in Last 12 Months: Last Dive: DD / MM / YYYY

Have you dived from a boat? Yes No Have you dived deeper than 18m? Yes No

Have you dived on a coral reef? Yes No Are you confident to dive without a guide? Yes No

Have you experienced underwater current? Yes No Have you been involved in a Scuba incident? Yes No

Have you dived in high winds or rough seas? Yes No Do you intend flying within 24 hours? Yes No

Has your medical situation changed since your last Dive Medical? No Yes (Please List): _____

Do you have any illness/injury or taking prescription medications? No Yes (Please List): _____

STAFF USE ONLY: <input type="checkbox"/> LOW-MEDIUM <input type="checkbox"/> HIGH: <input type="checkbox"/> SA <input type="checkbox"/> OW <input type="checkbox"/> MC <input type="checkbox"/> AG <input type="checkbox"/> MD <input type="checkbox"/> RISK REGISTER	Assessed By: Initials\PADI#:
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This is a statement in which you, the certified diver, are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving experience at your own risk. You need to inspect all your equipment prior to this experience and notify the dive professionals and the facility through which this experience is offered if any of your equipment is not working.

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. This experience may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities, and you will be exerting yourself during this diving experience. Past or present medical conditions may be contraindicative to your participation in this experience. You must be in good mental and physical fitness for diving, and not under the influence of alcohol, nor any drugs that are contraindicatory to diving. If you are taking medications, that you have seen a physician and have approval to dive whilst taking these.

ACCEPTANCE OF RISK

I understand and agree that neither the dive professionals conducting this program, nor DOWN UNDER DIVE PTY LTD, nor any of their respective employees, officers, agents, contractors, or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it results from my own conduct or any matter or condition under my control that amounts to my own contributory negligence. I understand that there are inherent risks involved with boat travel, including but not limited to equipment failure, perils of the sea, acts of other participants, and adverse sea and weather conditions, and I **HEREBY ASSUME SUCH RISKS**. I understand I have a duty to exercise reasonable care for my own safety and I agree to do so.

I agree to always follow the lawful instruction of staff, take care whenever moving around the vessel (including through doorways and on staircases), to be mindful of trip hazards, use the provided handrails and to take note of the safety signage displayed through-out the vessel.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

Signature _____ Date _____

Parent's or guardian's signature (required if under 18 years of age) _____