

CERTIFICATION DETAILS	SURNAME	GIVEN NAMES		
	HOME ADDRESS	POSTCODE		
	PHONE: (HOME)	D.O.B	EMAIL	
	EMERGENCY CONTACT NO:	SEX	M/F	NATIONALITY
	AGENCY NUMBER	TOTAL DIVES	CHECK OUT	INTRO

STATEMENT OF UNDERSTANDING

I, the undersigned, in consideration of you, your employees, agents and/or contractor Daktari Sport/ Port Fairy Surf School/ Devil Diving, (collectively referred to in this agreement as the "instructor") agreeing to instruct me in scuba diving techniques, understand and agree that:

- 1) I am in good health with no known medical disabilities and am currently not taking any medication which, in the opinion of a physician, would prevent me from scuba diving.
- 2) I am over the age of 18 (or if under, my lawful guardian has also signed this document and agrees to be bound by it) and am not subject to any legal disability.
- 3) I am aware that scuba diving is risk inherent, can be hazardous and that communication between instructor and student can be difficult.
- 4) On the basis of these statements and for consideration expressed above I for myself, heirs, executors and administrations and assigns:
 - a) Release to the full extent permitted by law the instructor from all claims and demands of every kind respect of, or resulting from, any accident happening, damage, death, injury or loss occurring to me whilst under, or consequent upon my instruction.
 - b) Indemnify and hold harmless the instructor from all claims, costs, damages, demands, suits, proceedings, expenses and losses for which the instructor shall, or may become liable by reason of any default or omission by me whilst under or consequent upon my instruction.
 - c) If I should have any claims against any other person in any way arising out of this agreement or the services provided under it, then I shall on request assign my rights to such claim to you or as you direct.
- 5) I acknowledge that I have read this form fully, understand it and agree freely to be bound by its terms. I have signed this form without any undue coercion or persuasion.

FULL NAME IN BLOCK LETTERS

Signed _____ Dated _____

Signed guardian/witnessed _____ Dated _____

MEDICAL HISTORY

Your continued health and well being are your most valued asset. To ensure you are fit and healthy to undertake safe scuba diving, a dive medical should be obtained.

Where possible you should consult a qualified doctor regarding your suitability for introductory scuba diving. Your local PADI professional can advise you regarding the most suitable person to see. If a full diving medical is unobtainable before the start of scuba diving activities, please fill in the following questionnaire. Please circle the appropriate answers.

DO YOU SUFFER OR HAVE YOU EVER SUFFERED FROM ANY OF THE FOLLOWING?

HEART COMPLAINT	YES/ NO
ASTHMA	YES/ NO
DIABETES	YES/ NO
PROBLEMS ASSOCIATED WITH EARS	YES/ NO
EPILEPSY	YES/ NO
FAINTING OR BLACKOUTS	YES/ NO
PREVIOUS INJURY OR SURGERY ASSOCIATED WITH:	
SHORTNESS OF BREATH	YES/ NO
CHEST PAINS	YES/ NO
ARE YOU/ COULD YOU BE PREGNANT?	YES/ NO
Will you be travelling by air in next 24 hours?	YES/ NO
DO YOU FEEL COMFORTABLE IN THE OCEAN?	YES/ NO
DO YOU WEAR CONTACT LENSES	YES/ NO
ARE YOU TAKING MALARIA MEDICATION	YES/ NO

Please advise date/ depth of your most recent scuba diving experience

DATE _____ DEPTH _____

The above information is true and complete to the best of my knowledge. I have not made any misrepresentations. I have read, understood and will abide by the general dive safety guidelines for scuba diving programs.

SIGNATURE _____ DATE _____