



TRY DIVE BOOKING FORM

One form per person, please print in CAPITAL letters
Please complete ALL areas that are in RED

Name	Date
Address	Date of Birth
Post Code	Age
Tel	Sex M / F
Mobile	
Email	
How did you hear about Scubaducks?	Cost of Experience £30
Date of Try Dive experience	Deposit (if applicable £10)
Payment Method Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Voucher <input type="checkbox"/>	BALANCE DUE

PLEASE READ & SIGN YOUR ACCEPTANCE ON REVERSE

Participant Statement

This statement which includes a Medical Questionnaire, Scuba Diving Safe Practices Statement and a Statement of Risks & Liability, informs you of some potential risks involved in scuba diving and of the conduct required of you during the Try Dive programme. Your signature is required to participate in the programme. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire, the Scuba Diving Safe Practices and the Statement of Risks and Liability) signed by your parent or guardian.

You will need to learn from the instructor the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

Scuba Diving Safe Diving Practices Statement

These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving.

I understand that upon completing the Try Dive programme, I will NOT be qualified to dive independently without a certified Professional guiding me.

- To equalise my ears and sinus air spaces, I will need to blow gently against pinched nostrils every 0.5 / 1 m while diving.
If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor.
- Underwater I should breathe slowly, deeply, continuously and NEVER hold my breath.
- I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and / or I may harm it.
- I can seek further training from Scubaducks Dive Centre and my Instructor to become certified to dive without a professional guide.
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Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor before participating in this programme

The purpose of this medical history questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a **YES** or **NO**. If you are not sure answer YES. If any of the items apply to you we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a Medical Statement and Guidelines for Recreational Scuba Divers Physical Examination to take to a physician.

PLEASE ANSWER YES or NO in capitals to the following questions (tick or cross, Y or N is NOT acceptable!)

- | | |
|--|--|
| <input type="checkbox"/> Do you currently have an ear infection? | <input type="checkbox"/> Are you or could you be pregnant? |
| <input type="checkbox"/> Do you have history of ear disease, hearing loss or problems with balance? | <input type="checkbox"/> Do you have a history of colostomy? |
| <input type="checkbox"/> Do you have a history of ear or sinus surgery? | <input type="checkbox"/> Do you have a history of heart disease or heart attack, heart surgery, or blood vessel surgery? |
| <input type="checkbox"/> Are you currently suffering from a cold, congestion, sinusitis or bronchitis? | <input type="checkbox"/> Do you have a history of high blood pressure, angina or take medication to control blood pressure? |
| <input type="checkbox"/> Do you have a history of respiratory problems, severe attacks of hay fever or allergies, or lung disease? | <input type="checkbox"/> Are you over 45 AND have a family history of heart attack or stroke? |
| <input type="checkbox"/> Have you had a collapsed lung (pneumothorax) or a history of chest surgery? | <input type="checkbox"/> Do you have a history of bleeding or other blood disorders? |
| <input type="checkbox"/> Do you have active asthma or history of emphysema, or tuberculosis? | <input type="checkbox"/> Do you have a history of diabetes? |
| <input type="checkbox"/> Are you currently taking any medication that carries a warning about any impairment of your physical or mental abilities? | <input type="checkbox"/> Do you have a history of seizures, blackouts or fainting, convulsions, or epilepsy or take medications to prevent them? |
| <input type="checkbox"/> Do you have behavioral health problems or a nervous system disorder? | <input type="checkbox"/> Do you have a history of back, arm or leg problems following an injury, fracture or surgery. |
| | <input type="checkbox"/> Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)? |

Statement of Risks and Liability

I (participant name) _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I affirm I have read and understand the Safe Diving Practices and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognise they are for my safety and well being, and that failure to adhere to them can place me in jeopardy.

I understand that diving with compressed air involves certain inherent risks, decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that this programme may 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 this programme in spite of the absence of a recompression chamber in proximity to the dive site.

The information I have provided about my medical history on the medical questionnaire is accurate and to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. I further understand that skin diving and scuba diving are physically and strenuous activities and that I will be exerting myself during the programme.

I further state that I am of lawful age and legally competent to sign this Statement of Risks and Liability, or that I have acquired the written consent of my parent or guardian.

Neither the instructors, all professional staff, the facility through which this training is offered, Scubaducks Dive Centre Ltd, accept any responsibility for any death, injury, or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control which amounts to my own contributory negligence. In the absence of any negligence or other breach of duty by the instructors, all professional staff, the facility through which the training is offered, Scubaducks Dive Centre Ltd, my participation in this diving course is entirely at my own risk.

I have fully informed myself of the contents of this Statement of Risk and Liability by reading it before signing it.

Participant Signature _____ Date _____
Day / Month / Year

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Flying after Diving Recommendations

- 1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested.
- 2) For repetitive dives and / or multi-day dives within the no decompression limits, a minimum pre-flight surface interval of 18 hours is suggested.
- 3) For dives requiring decompression stops, a minimum pre-flight surface interval greater than 18 hours is suggested.