



Ocean Voyager diveboat club

This document constitutes a legal agreement between the person whose details are listed below and Ocean Voyager diveboat club. Please read carefully before filling in your details. If you are unsure about any aspect of this agreement, contact us for clarification

Your Details ... Please use BLOCK CAPITALS

Full Name

Postal Address

Telephone

Email Address

Training Organisations

Training Level

Declaration ... Please read carefully

1. I agree that at no time whilst diving with Ocean Voyager diveboat club shall I undertake any dive that is beyond the level of my training or ability unless I am undergoing training or supervision from a qualified and fully insured diving instructor working within the guidelines of a recognised agency.
2. I confirm that I am medically fit to participate in the sport of Scuba Diving.
3. I agree to abide by the General Terms and Conditions of Ocean Voyager diveboat club and to accept and abide by the advice and directions given to me by the Ocean Voyager diveboat club coxswain.
4. I acknowledge that Ocean Voyager diveboat club and its facilities are used entirely at my own risk. I accept full responsibility for any subsequent loss, injury or damage that may be incurred by myself and/or my property during my visit.
5. I acknowledge that Ocean Voyager diveboat club members are here to assist me in the event of an emergency but are not part of the emergency services. I accept full responsibility for the management of any incident that I may be involved in.
6. I acknowledge that only divers with a recognised diving qualification are permitted to dive with Ocean Voyager diveboat club.
7. I confirm that I have my own personal dive insurance from a recognised dive insurer. I acknowledge that it is my responsibility to ensure that it is renewed.
8. I acknowledge, accept and agree that Ocean Voyager diveboat club is a club and separate to Digren Limited T/A nautidiver.

Year

2022

Dive Insurance Company

Policy Number

Expiry Date

**Administration Use Only:
Membership Number**

GENERAL TERMS & CONDITIONS

Please read the following information before signing. The completion and signing of this form confirms your acceptance of the rules detailed below.

Ocean Voyager diveboat club cannot be held responsible for an individual's own actions which result in them taking unnecessary risks beyond their capabilities. Common sense, safety awareness, self-preservation and care are essential.

1. Divers diving with Ocean Voyager diveboat club do so at their own risk. Ocean Voyager diveboat club accepts no responsibility for accidents whilst diving or for any loss of possessions or for not taking appropriate safety measures.
2. Only certified divers or divers in training under direct supervision of a fully insured qualified diving instructor will be allowed access to the water. Divers under the age of 18 must be under direct supervision of an adult and must meet the minimum age requirements of their training agency.
3. All divers must follow safe diving practices as laid down by their governing body: BSAC/ CMAS/ CFT/ PADI/ SSI/SDI/TDI/IANTD, or any other diving organisation. All divers must be medically fit for diving, and are responsible for the service of their own equipment. All recreational divers must buddy up, and if separated they must ascend to the surface. At no time should you undertake any dive that is beyond the level of your training or ability unless you are undergoing training or supervision from a qualified and fully insured diving instructor.
4. Boat dives are booked online in advance through the nautidiver website (nautidiver.com). These are on a first come first served basis. Only Ocean Voyager diveboat club members can book. Prepayment is preferred.
5. **All members are required to wear life jackets on board.**
6. Conducting an underwater dive, you do so at your own risk, you must follow the correct procedures outlined in your governing body (BSAC/ CMAS/ CFT/ PADI/ SSI/SDI/TDI/IANTD or any other diving organisation)
7. Ocean Voyager diveboat club cannot be held responsible for loss of or damage to equipment, It is the owners responsibility to ensure the safety and security of equipment at all times.

EMERGENCY PROCEDURES:

100 % O2 is available on board and a first aid kit.

Emergency services can be called on 112 or VHF CH16.

Dive boat Ocean Voyager is equipped with position locator.

Coxswain will go through in water and on board emergency procedures before each trip.

Please note that you are responsible for the management of your own safety whilst you are onboard. Coxswain is there to assist you but you must accept full responsibility for the management of any incident that you may be involved in.

FEES for 2022

Calendar year membership fee: €80.00

(Full fee applies regardless of what month during calendar year membership is taken out)

DIVE cost fuel contribution

Cost per dive €30 per dive

Wednesday boat - Novice Dive (Scotsman Bay or Seal Bay) €25 per dive

Cost per dive distance between 5-10 nautical miles €35 per dive

Cost per dive distances greater than 10 nautical miles will be advised in advance depending dive site location.

I have read, understood and agree to abide by the terms and conditions included on this form.

Signature

Print Name

Date



PART 2 - MEDICAL STATEMENT



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes <i>Go to Box A</i>	No
2. I am over 45 years of age.	Yes <i>Go to Box B</i>	No
3. 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.	Yes *	No
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <i>Go to Box C</i>	No
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes *	No
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <i>Go to Box D</i>	No
7. 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.	Yes <i>Go to Box E</i>	No
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <i>Go to Box F</i>	No
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <i>Go to Box G</i>	No
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes *	No

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation **is not** required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

*** If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.**

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes	No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes	No
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes	No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes	No
A diagnosis of COVID-19.	Yes	No

Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes	No
I have a high cholesterol level.	Yes	No
I have high blood pressure.	Yes	No
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 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes	No

Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes	No
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes	No
Recurrent sinusitis within the past 12 months.	Yes	No
Eye surgery within the past 3 months.	Yes	No

Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes	No
Persistent neurologic injury or disease.	Yes	No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes	No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes	No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes	No

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes	No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes	No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes	No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes	No

Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes	No
Back or spinal surgery within the last 12 months.	Yes	No
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months	Yes	No
An uncorrected hernia that limits my physical abilities.	Yes	No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes	No

Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes	No
Dehydration requiring medical intervention within the last 7 days.	Yes	No
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes	No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes	No
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes	No
Bariatric surgery within the last 12 months.	Yes	No

Diver Medical | Physician's Evaluation Form (if required)

Participant Name _____ Birthdate _____
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature

Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital _____

Address _____

Phone _____ Email _____

NOTE: Physician's evaluation only required if you have answered YES to any questions other than question 2. To clarify: If the only question you answer YES to is number 2, then there is no need to obtain a Physician's Evaluation.

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

PART 3 - STATEMENT OF UNDERSTANDING



Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a diver I should:
Print Name

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from the coxwain. Engage only in diving activities consistent with my training and experience.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables— whichever you are trained to use) when scuba diving.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air. Avoid overexertion while in and underwater and dive within my limitations.
9. Know and obey local dive laws and regulations, including environmental regulations.

I understand the importance and purposes of these established practices. I recognise they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)