



DiveStyle Diver Registration Form

Participant Record (Confidential Information)

Name _____

Mailing Address _____

City _____

State _____ Country _____ Postal Code _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Birth Date _____ Age _____ Email _____

Emergency contact Information

Name _____

Home Phone (_____) _____ Mobile Phone (_____) _____

Statement of Risk and Liability/Non-Agency Acknowledgment

Please Read Carefully and fill in all blanks before signing

Statement of Risk and Liability

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

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. Open water diving trips that are necessary for training and for certification, 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 programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history. I understand the Try Diving Event is a programme developed and used by DiveStyle.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, nor the facility through which this programme is conducted, DiveStyle 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.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, the facility through which this programme is offered, my participation in this diving programme is entirely at my own risk. a minor, this form must also be signed by a parent or guardian.

DiveStyle Medical Questionnaire

To the participant/ Parents/ Guardian:

Answer with a FULL YES or NO to any of the following items that apply to your past medical history or present medical condition. If you answer YES to any of these items **YOU MUST GET IN TOUCH WITH US NO LESS THAN 7 DAYS PRIOR TO THE COURSE** .We will then supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your doctor / GP for signing prior to the course. If you answer YES and do not have a RSTC form completed by your doctor you will not be able to take part until such a time as you have completed one. This may mean your course is cancelled or you may have to pay a rescheduling fee.

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

I have fully informed myself of the contents of this non-agency disclosure and acknowledgment agreement and statement of risk and Liability Medical questionnaire by reading both before signing these statements.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____