

Medical: Please answer the following questions with either YES or NO. If any question applies to a medical condition you currently have you will be requested for a current Fit to Dive certificate or asked to consult with a Doctor.

<p>_____ Could you be pregnant, or are you attempting to become pregnant?</p> <p>_____ Are you presently taking prescription medications (with the exception of birth control or anti-malarial)?</p> <p>_____ Are you over 45 years of age and can answer YES to one or more of the following?</p> <ul style="list-style-type: none"> • currently smoke a pipe, cigars or cigarettes • have a high cholesterol level • have a family history of heart attack or stroke • are currently receiving medical care • high blood pressure • diabetes mellitus, even if controlled by diet alone <p>Have you ever had or do you currently have...</p> <p>_____ Asthma, or wheezing with breathing, or wheezing with exercise?</p> <p>_____ Frequent or severe attacks of hayfever or allergy?</p> <p>_____ Frequent colds, sinusitis or bronchitis?</p> <p>_____ Any form of lung disease?</p> <p>_____ Pneumothorax (collapsed lung)?</p> <p>_____ Other chest disease or chest surgery?</p> <p>_____ Behavioral health, mental or psychological problems (Panic attack or fear of closed or open spaces)?</p> <p>_____ Epilepsy, seizures, convulsions or take medications to prevent them?</p> <p>_____ Recurring complicated migraine headaches or take medications to prevent them?</p>	<p>_____ Blackouts or fainting (full/partial loss of consciousness)?</p> <p>_____ Frequent or severe suffering from motion sickness (seasick, car sick, etc.)?</p> <p>_____ Dysentery or dehydration requiring medical intervention?</p> <p>_____ Any dive accidents or decompression sickness?</p> <p>_____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?</p> <p>_____ Head injury with loss of consciousness in the past five years?</p> <p>_____ Recurrent back problems?</p> <p>_____ Back or spinal surgery?</p> <p>_____ Diabetes?</p> <p>_____ Back, arm or leg problems following surgery, injury or fracture?</p> <p>_____ High blood pressure or take medicine to control blood pressure?</p> <p>_____ Heart disease?</p> <p>_____ Heart attack?</p> <p>_____ Angina, heart surgery or blood vessel surgery?</p> <p>_____ Sinus surgery?</p> <p>_____ Ear disease or surgery, hearing loss or problems with balance?</p> <p>_____ Recurrent ear problems?</p> <p>_____ Bleeding or other blood disorders?</p> <p>_____ Hemia?</p> <p>_____ Ulcers or ulcer surgery?</p> <p>_____ A colostomy or ileostomy?</p> <p>_____ Recreational drug use or treatment for, or alcoholism in the past five years?</p>
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To the Participant:
 The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature _____ Date _____ Signature of Parent or Guardian _____ Date _____

STANDARD SAFE DIVING PRACTICES -STATEMENT OF UNDERSTANDING

Please read carefully before signing.
 Your signature on this statement is required as proof that you are aware of safe diving practices.

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

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Drink plenty of water to avoid dehydration, especially in summer.
2. Be familiar with the dive sites. Engage only in diving activities consistent with training and experience and inform Seastar staff if the diving conditions are outside your training and experience.
3. Do not engage in technical diving unless specifically trained to do so.
4. Use complete, well-maintained, reliable equipment and inspect it for correct fit and function prior to each dive.
5. Listen carefully to dive briefings and directions and respect the advice of those supervising the diving activities
6. Adhere to the buddy system throughout every dive. Perform a Buddy Check on each dive. Plan the dives, including communications, emergency procedures and in procedures for reuniting in case of separation.
7. Make all dives "no decompression dives" and allow a margin of safety. Limit maximum depth to your level of training and experience. Always make a safety stop at 5 metres/15 feet for three minutes or longer.
8. Maintain neutral buoyancy, to avoid damage to the coral reef system and for more comfortable dives.
9. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air.
10. If using Enriched Air, be personally responsible for analyzing cylinders and recording percentage of Oxygen and abide by the agreed maximum depth limit of the dive.
11. Abide by maximum depth limit of 30m for recreational diving and in compliance with insurance prerequisites.
12. TEC divers are to sign a separate statement.
13. Know and obey local dive laws and regulations, including those of the Marine Park.
14. Log and register all dives with the Dive Guide at the end of each dive.
15. If Boat diving, on returning to the boat, immediately log and register your dive with the dive guide as notice you have returned from the dive. At the berth, embark and disembark at the specified area, either the ladder or gangway provided. On the dive, enter and exit the water from the swim platform and dive ladder provided.

CERTIFIED DIVER - STATEMENT OF RISKS AND LIABILITY

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 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 activity. You must advise truthfully and fully inform the dive professional and the facility through which this dive activity is offered of your medical history. **BOAT DIVING.** I understand that there are certain hazards present on boats; wet slippery areas, ropes, anchors and more. It is my personal responsibility to move around the boat with care to avoid these hazards.

EXCLUSION OF LIABILITY

Neither the dive professionals, instructors, dive guides, the facility through which this dive activity is offered, Seastar Watersports, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals, instructors, dive guides, the facility through which this dive activity is offered, Seastar Watersports, PADI International Ltd., and International PADI, Inc., your participation in this diving activity is entirely at your own risk.

I acknowledge receipt of the above Statement of Understanding and Statement of Risks and Liability and have read and understand all of the terms contained therein.

Participant Name Participant Signature Date(DD/MM/YY)
 Signature of Parent/Guardian (if applicable)