

Discover Scuba Diving Registration Form



Full Name: _____ **Date of Birth:** _____
Contact Number: _____ **Hotel Name:** _____

Emergency Contact Information

Full Name: _____ Phone: _____

Medical Questionnaire

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. Please answer the following questions on your past and present medical history with a Y-YES or N-NO.

Have you had or currently have any of the following symptoms?

Collapsed Lung (Pneumothorax)	Y / N	High Blood Pressure	Y / N
Chest Surgery	Y / N	Brain Disease	Y / N
Heart Disease	Y / N	Spinal Cord or Neurological Disease	Y / N
Tuberculosis or Any Lung Disease	Y / N	Seizures	Y / N
Asthma	Y / N	Diabetes	Y / N
Shortness of Breath	Y / N	Chronic Bronchitis or Chest Disease	Y / N
Blackouts or Fainting	Y / N	Ruptured Eardrum	Y / N
Chronic Sinusitis	Y / N	Ear Surgery	Y / N
Are you pregnant?	Y / N	Ear Infection	Y / N

Have you consumed alcohol in the past 8 hours before diving? **Y / N**

Are you currently undergoing medication or taking medications? **Y / N**

If yes, please specify: _____.

Have you had any illnesses or surgeries within the past month? **Y / N**

If yes, please specify: _____.

I understand that concealing any medical condition that conflicts with safe diving practices may jeopardize my health and potentially my life. **Y / N**

I understand that I should observe a pre-flight surface interval of at least 12 hours after a single dive and at least 18 hours (preferably 24 hours) after repetitive dives and/or multi-day dives before flying.

Y / N

Discover Scuba Diving Knowledge and Safety Review

To continue with your Discover Scuba Diving Programme, you must complete this review under the direction of your PADI Professional before getting in the water.

1. Upon completing this experience, I will be qualified to dive independently without a **T / F** certified professional guiding me.
2. To equalize my ears and sinus air spaces during descent, I will need to blow gently **T / F** against pinched nostrils.



3. I should equalize every few feet/one meter while descending. **T / F**
4. If I have discomfort in my ears or sinuses during descent, I should continue downward. **T / F**
5. Underwater, I should breathe slowly, deeply, continuously and never hold my breath. **T / F**
6. I should add air to my buoyancy control device (BCD) to float at the surface. **T / F**
7. The “caution zone” on my air gauge indicates that I have plenty of air in my tank and that I may continue diving. **T / F**
8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me. **T / F**
9. I should stay close to the PADI Professional during my Discover Scuba Diving Programme and signal if something is wrong. **T / F**

Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Applicable for Participant under the Age of 18)

Standard Safe Diving Practices Statement of Understanding

I, (participant name) _____, hereby affirm that I am aware that participating in Discover Scuba Diving (hereinafter referred to as 'the Programme') involves inherent risks which may result in serious injury or death.

1. I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury which could result in death or significant disability



2. Injuries mentioned in item 1 above may require treatment in a recompression chamber. The open water dives included in the Programme may take place at locations that are distant from recompression facilities. I still choose to proceed with the Programme in spite of the absence of a recompression chamber in proximity to the dive site.
3. Snorkeling and scuba diving are physically demanding activities that may cause heart attacks, panic attacks, or hyperventilation in susceptible individuals.
4. Malfunction of scuba equipment can result in serious injury or death.
5. Snorkeling and scuba diving are subject to natural factors, including but not limited to wind, rain, snow, tides, and aquatic life. These natural factors may introduce inherent risks, which could result in serious injury, disability, or death.
6. The purpose of the Programme is to provide guidelines on safe scuba diving practices. The Programme does not qualify me as a certified diver. I acknowledge and agree that to become a certified diver, I must complete a certification course in the use of scuba equipment under the direct supervision of a qualified instructor.
7. To be allowed to participate in the Programme, I am willing to assume all risks associated with the Programme, including all foreseeable and unforeseeable risks that may arise during my participation.
8. The information I have provided about my medical history on the Medical Questionnaire 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 conditions.
9. I state that I am of lawful age and legally competent to sign this Risk Assumption and Liability Release Agreement, or that I have acquired the written consent of my parent or guardian.
10. If any part of this document conflicts with existing laws, both parties agree that only the conflicting part of this document shall be deemed invalid, while the remainder shall remain in full force and effect.
11. I understand that the terms in this document have the effect of a legal contract and are not merely descriptive. I have signed this document of my own free will.

Risk Assumption and Liability Release Agreement

I have fully informed myself of the contents of the above “Standard Safe Diving Practices Statement of Understanding” and “Risk Assumption and Liability Release Agreement” by reading and understanding it before signing it for myself and my heirs.

I understand and agree that neither the dive professionals conducting this programme,



_____, nor the facility through which this programme is conducted, Heart Ocean Dive, nor PADI Asia Pacific, PADI Americas Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any injury, death, or other losses incurred to me, my family, heirs, or assigns due to my participation in the Programme, whether such injuries or losses are foreseeable or unforeseeable."

I exempt and release the Released Parties from all liability and responsibility whatsoever for personal injury, property damage, or wrongful death, howsoever caused, including but not limited to any negligent act or omission of the Released Parties, whether passive or active.

Refund Policy

I understand that once I participate in the dive briefing session and am assigned a dive slot, I will not be eligible for a refund.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(Applicable for Participant under the Age of 18)

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.
-