

Fun Dive Registration Form

Personal Information

Name: _____ Date of Birth: _____

Emergency Contact Person: _____ Emergency Contact Phone Number: _____

How Did You Hear About Us?

- How did you learn about Heart Ocean Diving Center?
 - Friends/Family
 - Social Media (Facebook, Instagram, etc.)
 - Website/Search Engine
 - Dive Shop/Instructor Recommendation
 - Other: _____

Diving Experience

Certification System (e.g., PADI): _____ Certification Level: _____

Certification Date (YYYY/MM/DD): _____ Total Number of Dives: _____

Number of Dives in the Past Year: _____ Last Dive Date (YYYY/MM/DD): _____

Have you ever dived in the ocean? Yes / No

Have you ever dived in currents? Yes / No

Have you ever dived in wavy or rough sea conditions? Yes / No

Do you have any conditions, symptoms, or environments that may affect your diving? Yes / No

Do you plan to fly within the next 24 hours? Yes / No

Health Questionnaire

Since your last completed diving medical questionnaire, have you experienced any health issues, injuries, or surgeries that may affect your diving safety? Yes / No

Are you currently experiencing any health issues or injuries? Yes / No

Are you currently taking any prescription medications other than birth control? Yes / No

Do you have any other medical conditions or medication use related to diving safety? Yes / No

Liability Waiver and Risk Acknowledgment Agreement

I, _____, hereby certify that I have been informed and fully understand the inherent risks associated with snorkeling and scuba diving.

I understand and agree that my instructors, dive guides, the diving education training agency **Heart Ocean Diving Center**, and any of their individual employees, officers, agents, or assigns (hereinafter referred to as the "Released Parties") bear no legal responsibility or liability for any passive or active injuries, death, or other damages that may occur to me or my family, heirs, or assignees due to my participation in diving activities or any negligence by any party.

Additionally, I declare and guarantee to release and waive any legal actions or compensation claims from me, my family, heirs, or assignees against the Released Parties due to my registration and participation in these activities, including after I obtain my diving certification.

I also understand that the physical fatigue and stress caused by snorkeling and scuba diving may not be the same as in non-diving conditions. I accept all risks of injury, including but not limited to those resulting from heart conditions, panic, hyperventilation, or other physiological fatigue and stress-related conditions.

I acknowledge and agree that this liability waiver and risk acknowledgment agreement is severable. If any part of this agreement is found invalid or unenforceable under any governing authority or applicable laws, only that portion shall be rendered ineffective, while the remaining parts shall remain fully enforceable.

Furthermore, I declare that I have reached the legal age and possess the legal capacity to sign this risk acknowledgment agreement, or I have obtained written consent from my parent or legal guardian.

I understand that this document is contractual and not merely a statement, and I sign it of my own free will.

Before signing, I have thoroughly read and fully understood the entire contents of this liability waiver and risk acknowledgment agreement. I acknowledge that this agreement is valid for one year from the date of signing and applies to all diving activities I participate in during that period.

Participant's Signature: _____ **Date (DD/MM/YYYY):** _____

Parent or Guardian's Name: _____ **Date (DD/MM/YYYY):** _____