

MEDICAL DECLARATION FOR RESORT DIVING

TO BE COMPLETED AND SIGNED BY RESORT DIVER

Personal Details

Surname		Given names	
Address			
			Phone
Date of birth	/ /	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Have you suffered from, or do you now suffer from, any of the following -

	Yes	No
Asthma or wheezing		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Chronic sinus conditions		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Ear surgery		
Epilepsy		
Fainting, Seizures or blackouts		
Heart disease of any kind		
Recurrent ear problems when flying		
Tuberculosis or other long-term lung disease		
Have you ever had major surgery?		

Are you currently suffering from -

	Yes	No
Breathlessness		
Chronic ear discharge or infection		
High blood pressure		
Other illness or operation within the last month		
Perforated eardrum		

Are you currently taking any medicine or drug (excluding oral contraceptives)?		
Have you ingested any alcohol within the 8 hours prior to diving?		
Are you pregnant?		
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		
Are you flying within the next 24 hours?		

Signature.....	Date: / /
Witness:.....	Date: / /

I the instructor have reviewed this form _____
(SIGNATURE REQUIRED)

CERTIFIED DIVERS ONLY

I the Certified Diver agree to adhere to all safe diving practices in accordance with my training, including adhering to the Buddy System, diving safely within the limits of the tables or dive computer, properly controlling my buoyancy, doing safety stops after every dive and closely monitoring my air supply. _____
(SIGNATURE REQUIRED)

SSI Australia Pty Ltd DEED OF ASSUMPTION OF RISK

In consideration of and as a condition of SSI Australia Pty Ltd (hereafter "SSI") and Reef Safari Diving Pty Ltd

(hereafter "the business") agreeing to allow me to participate or enroll in any one or more of the following:

(a) Scuba Diving (b) Snorkelling (c) Instruction in scuba diving or snorkelling (d) use of any material plant or equipment: and (e) any activity incidental to the above activities conducted, supplied or serviced by the instructor, the business and / or SSI (hereafter referred to as "the Aquatic Activities")

I, (Name) of (Address)

hereby covenant acknowledge and agree that so far as permitted by the Competition and Consumer Act 2010 and the Fair Trading Act 1989 (QLD) or other relevant legislation:

1. I unconditionally waive and relinquish all claims for liability and release and discharge the instructor, the Business and SSI, from all liabilities, claims and causes of action that may arise for:
 - (1) Personal Injury (2) Property Damage (3) Economic Loss or (4) Wrongful Death
 Wherever and however such may occur whether the same shall arise by
 - (5) Negligence (6) Breach of Contract (7) Breach of any statute, code of practice or standard (8) Delay or cancellation, Or otherwise (hereafter "the liabilities") as a result of my participation in the Aquatic Activities.
2. I agree to indemnify and hold harmless the instructor, the Business and SSI from the Liabilities in respect of any action brought against them as a result of my participation in the Aquatic Activities.
3. I acknowledge that:
 - (a) My participation in the Aquatic Activities is a potentially hazardous activity which may result in serious injury, property damage, economic loss or death and I am prepared to assume such risks.
 - (b) I have been fully advised of the potential dangers and hazards associated with my participation in the Aquatic Activities; and
 - (c) I have read and understood this Deed and I intend it to have legal effect to exempt and relieve the instructor, the Business and SSI from the Liabilities and I have signed it voluntarily and without any inducement by the instructor, the Business and/or SSI.

Interpretation
 In reference to a party to this Deed includes the party's successors, assigns, agents, servants and employees.

Executed as a Deed on this _____ day of _____ 20__

Signed Sealed and Delivered by

Name Signature

In the presence of:

Witness Signature

Parent / Guardian Signature (under 18 years)

CERTIFIED DIVERS ONLY

Certification Level _____ Agency _____
 Card Number _____ Total No. of Dives _____ Date of Last Dive ___ / ___ / ___