

First Name		Last Name	
Home address			Hotel
			Room number
Email			Departure date DD/MM/YYYY

Dive qualification information

Training Agency		Level		No. of dives logged		Date of last dive	
Diving Insurance Company							
Use Nitrox –US\$10 tank	Yes / No		I need to rent equipment EXTRA \$ will be charged for equipment rental			Yes / No	

Emergency Contact information

Name		Relationship	
Phone number		Email address	

MEDICAL STATEMENT: For your safety, please tell us if there is anything we should know about regarding your health.

Diving /Snorkelling are exciting and demanding activities. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult a doctor before participating in daily diving, and should do so on a regular basis. You should be aware of the important safety rules regarding breathing and equalization while scuba diving and Snorkelling. Improper use of scuba and snorkelling equipment can result in serious injury.

Are you....

- Pregnant, or attempting to become pregnant
- Presently taking prescription medications (with the exception of birth control)
- Over 45 years of age and can answer YES to one or more of the following?
 - 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

You have had in the past or currently have...

- Asthma, or wheezing with breathing, or wheezing with exercise
- Frequent or severe attacks of hayfever or allergy
- Frequent colds, sinusitis or bronchitis
- Any form of lung disease
- Pneumothorax (collapsed lung)
- Other chest disease or chest surgery
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)
- Epilepsy, seizures, convulsions or take medications to prevent them
- Recurring complicated migraine headaches or take medications to prevent them

- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)
- Dysentery or dehydration requiring medical intervention
- Any dive accidents or decompression sickness
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)
- Head injury or loss of consciousness in the past five years
- Recurrent back problems
- Back or spinal surgery
- Diabetes
- Back, arm or leg problems following surgery, injury or fracture
- High blood pressure or take medicine to control blood pressure
- Heart Disease
- Heart Attack
- Angina, heart surgery or blood vessel surgery
- Sinus surgery
- Ear disease or surgery, hearing loss or problems with balance
- Recurrent ear problems
- Bleeding or other blood disorders
- Hernia
- Ulcers or ulcer surgery
- A colostomy or ileostomy
- Recreational drug use or treatment for, or alcoholism in the past five years

I hereby confirm that I _____ have read through the various medical conditions listed above and to the best of my knowledge do not have a current or previous medical condition such as these that may affect my diving. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition. I hereby confirm I am fit to dive or fit to snorkel.

Signature

Date

Signature of Parent or Guardian

Date

Checked in by _____ Date _____ Hamanasi staff member

BOAT TRAVEL AND SCUBA DIVING , including Snorkeling.

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including Hamanasi Resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Hamanasi Resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____, hereby affirm that I am a certified scuba diver or a student diver under the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site (hereinafter collectively referred to as "Excursion"). I understand that these inherent risks include, but are not limited to, drowning, air expansion injuries, decompression sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea; all of which can result in serious injury or death. I understand the Excursion will be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and emergency medical facilities. I still choose to proceed with the Excursion. By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip and scuba dive(s), whether conducted as a certified diver or a student diver in a diving class.

I understand and agree that neither the dive professional(s); nor the crew or owner of the vessel; nor the vessel itself; nor PADI Americas, Inc., nor its affiliate or subsidiary corporations; nor the owners, officers, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including the Released Parties, whether passive or active. I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or any drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. I am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s)/vessel crew. I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly. I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement if found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein. I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE I SIGNED BELOW ON BEHALF OF MYSELF AND MY HEIRS.

_____/_____/_____
Participant's Signature Date (Day/Month/Year) _____/_____/_____
Signature of Parent or Guardian (where applicable) Date (Day/Month/Year)

-----HAMANASI OFFICE USE ONLY BELOW -----

BCD	REG	WETSUIT	MASK/Snk	FINS	Belt / INT	WEIGHTS	BOOTS	
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