

## PARTICIPANT STATEMENT(certified diver)

Read the following paragraphs carefully and fill in all banks before signing.

### STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_, understand that as a diver I should:

(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive table usage. Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

### STATEMENT OF RISKS AND LIABILITY

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk. Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

#### WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death. 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 which are necessary for training and for certification, 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 programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

#### EXCLUSION OF LIABILITY

I understand and agree that neither the dive professionals conducting this programme, nor the facility through which this programme is conducted, Liamis Dive Centre – “M/V APOLLON”, nor PADI International Ltd., nor 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 death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence. In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, the facility through which this programme is offered, Liamis Dive Centre – M/V “APOLLON”, PADI International Ltd., PADI Americas, Inc., and all related entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

Date \_\_\_\_\_

(Day/Month/Year)

Participant's Signature \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

(where applicable)

### MEDICAL STATEMENT

Diving is an exciting and demanding activity. 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 your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving.

Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely. If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing. The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities. Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?  
\_\_\_\_\_ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)  
\_\_\_\_\_ Are you 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 family history of heart attack or stroke  
• high blood pressure  
• have a high cholesterol level  
• are currently receiving medical care  
• diabetes mellitus, even if controlled by diet alone.

Have you ever had or do you 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?

\_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?

\_\_\_\_\_ 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 with 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?

**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.**

Date \_\_\_\_\_ Signature \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

### Participant Information (please print clearly)

First name: \_\_\_\_\_ MI \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: male  , female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Hotel: \_\_\_\_\_ Room number: \_\_\_\_\_

Date you fly back home: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### 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 preflight surface interval of 18 hours is suggested.
- 3) For dives requiring decompression stops, a minimum preflight surface interval greater than 18 hours is suggested.