



Diver Personal Information

_____	_____
Full Name	Date of Birth (DD/MM/YY)
_____	_____
Home Address	Country
_____	_____
E-mail Address	Phone Number

Emergency Contact

_____	_____
Full Name	Phone Number

Diving History Information

_____	_____	
Certification Organization	Certification Number	
_____	_____	_____
Certification Level	Number of Dives	Date of Last Dive (DD/MM/YY)

Equipment:

_____	_____	_____	_____
BCD	Boots	Wetsuit	Weights

I agree to handle scuba equipment carefully and responsibly, and **I accept full financial responsibility for loss or damage of equipment.** If I am using my own personal equipment, I confirm that it is in good condition and safe to use, and I understand that no one else is responsible for any malfunction or damage to my personal gear.

_____	_____
Signature	Date (DD/MM/YY)



Responsible Diver Code

Scuba diving is an adventure activity that requires the use of specialized life support equipment in an underwater environment where humans could not otherwise exist. As with other adventure activities, scuba diving has elements of risk that cannot be totally eliminated regardless of the amount of training, care, caution or expertise. We believe these risks may be reduced through development of proper knowledge, skills, equipment and experience. Ultimately it is up to each individual diver to assume the inherent risk associated with scuba diving and each diver's responsibility to minimize the risk through exercising good judgment, common sense, respect and personal awareness during all diving activities. A Responsible Diver Code was developed to remind divers of your responsibilities for each dive.

As a Responsible Diver - I pledge to:

- 1. DIVE COMPETENTLY** - Always dive within my training, certification, experience, comfort and ability.
- 2. MAINTAIN APPROPRIATE DIVER HEALTH** - Including appropriate fitness, physical health and mental awareness to dive.
- 3. UTILIZE A DIVE PLAN** - Plan my dive and dive my plan. Listen to and follow dive briefings.
- 4. BE A RESPONSIBLE DIVE PARTNER** - Remain with my dive partner from start to finish of my dive. Know our plan to reunite if separated underwater.
- 5. INSPECT MY DIVE EQUIPMENT** - Before each dive, I will inspect my equipment and make sure everything is working properly. I will confirm my cylinder valve is completely open. When using blended gas (i.e., Enriched Air Nitrox) – I shall analyze my gas and know its limitations. I will establish proper weighting, know how to release my weights, and verify my buoyancy compensator (BC) and inflator are connected and functioning properly. I will secure my submersible pressure/depth gauge and/or dive computer where it is easily accessible.
- 6. DIVER AWARENESS** - Monitor my cylinder pressure; making sure to surface with reserve gas and never run out of gas. Monitor my depth and time, respect no decompression limits, perform controlled ascents, safety stops, and monitor my dive partner.
- 7. MAINTAIN PROFICIENT SCUBA SKILLS** - I understand scuba skills and knowledge are perishable. If it has been more than 1 year since my last dive, I understand the importance of taking a Refresh course. I will maintain proper buoyancy throughout my dive, ascend slowly, and breathe properly to avoid overexpansion injuries.
- 8. RESPECT THE ENVIRONMENT** - Be aware of currents, waves, visibility, temperature, weather, boat traffic, slippery, uneven and unstable surfaces, overhead environments, entanglements, and hazardous marine life. I understand boats are unsteady surfaces and will always use one hand to stabilize myself. I know that I am going to a remote place during this dive trip where useful medical treatment or a decompression chamber is not nearby and I definitely accept the risk of diving in that location. I will obey all diving and applicable regulations, statutes and codes.
- 9. PLAN FOR EMERGENCIES** - In addition to inspecting all of my dive equipment, I will verify my dive partner's equipment is functioning properly, configured appropriately and that I know how to remove our weights in case of an emergency. I will make sure our alternate air sources are properly secured and easily accessible in case of a low air or out of air emergency. I will know scuba hand signals and how to alert others in case of an emergency.
- 10. ACCEPT RESPONSIBILITY** - I am ultimately responsible for my safety during all diving activities. Failure to comply with these responsibilities will increase my risk of serious injury or death. Accidents can happen even when all safety guidelines are followed, therefore I have personal dive accident insurance.

I understand the importance of being a responsible diver and I pledge to abide by the Responsible Diver Code. I understand failure to abide by the Responsible Diver Code will jeopardize my safety and well-being.

Signature

Date (DD/MM/YY)

Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)



Recreational Scuba Assumption of Risk, Liability Release & Hold Harmless Agreement

This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing. Warning – Scuba diving uses life-support equipment and techniques that have inherent risks which may cause serious injury, illness or death.

In consideration of being allowed to participate in scuba activity, I expressly agree to be bound by this Agreement and comply with the **Responsible Diver Code**. I understand this Agreement is between me, my family, estate, heirs and or anyone who may have a claim on my behalf; and **Sumbawa Adventure Dive (PT Fifth Dimension Adventure)**, including all instructors, dive guides, facilities, boats, and training sites I receive training with and each of their respective owners, officers, employees, representatives, volunteers, agents, contractors and any others on their behalves, whether specifically named or not (herein referred to as “Released Parties”).

I voluntarily assume all risks of injury, illness and death, caused by scuba diving and all related activities, whether foreseeable or not, including but not limited to risks associated with: swimming, entering and exiting the water, falling on, struck by or abandoned by a boat, separation or lost underwater, holding my breath, pre-existing health conditions, heart failure, over-exertion, panic, drowning, pressure related injuries, decompression illness, environmental and marine life injuries, unknown causes, equipment malfunctions, improper dive planning, or improper action of other divers or support personnel (including failure to rescue, recover, resuscitate, or provide emergency assistance). I agree to waive, release, not sue, discharge, save, indemnify, and hold harmless the Released Parties of all claims, demands, causes of action, lawsuits and damages by me, my estate, family (including minor children), heirs, or others who may have a claim for my injury, illness or death as a result of any act or failure to act, including negligence by the Released Parties, associated with my scuba activities. I agree that it is my responsibility to inform my family and all those who may have legal rights on my behalf that I have entered into this Agreement and it is my intent that they be bound by this Agreement. I agree that me or my estate shall be fully liable (pay for) for the cost to the Released Parties for any claim brought on my behalf as a consequence of my participation in scuba diving and all related activities.

I have carefully read, understand and agree to comply with the **Responsible Diver Code** during all diving activities. I understand and agree that I am responsible for my own safety and well-being during all dive activities. I am responsible for being physically, medically and mentally fit to participate in scuba diving. I affirm that all personal information I have provided on medical questionnaires is truthful and accurate to the best of my knowledge, and I will not hold others responsible or liable for any injury, illness or death caused by my failure to disclose a known medical condition. I am responsible for my own equipment configuration, assembly, and pre-dive inspection to verify it is appropriate and functioning properly. I am responsible for planning and performing all my dive activities, including anticipating potential emergencies. I will not hold anyone, including the Released Parties, responsible for failure to protect my well-being, ensure my proper use of equipment, or conduct my dive activities competently. I will not dive in conditions or at times that are not within my abilities and comfort level. If conditions become dangerous or I do not feel well or I become injured, I will immediately notify the dive leader and take action to correct the situation. I understand dive activities are conducted at sites that are remote, in time and distance, from medical care or a recompression chamber. I understand dive training does not guarantee my safety and that accidents happen even when proper procedures are followed. I understand the importance of, and my responsibility to have, personal insurance that specifically covers dive-related emergencies, emergency transportation, and medical treatments.

I understand that **Sumbawa Adventure Dive does not insure me** personally for scuba diving accidents or related medical/emergency costs. I confirm that I am responsible for obtaining appropriate travel and/or dive insurance, and **I accept full financial responsibility for any medical treatment, evacuation, or emergency expenses**, with no claim against the Released Parties.

I have read this Agreement and the **Responsible Diver Code**. I expressly understand my responsibilities and that I am giving up legal rights by signing this Agreement. **I understand this is a legal contract and I am voluntarily signing it** without duress or further inducement. I understand this is an unconditional and complete release of all liability to the greatest extent allowed by law. If any portion of this Agreement is found to be legally unenforceable or invalid, that portion shall be severed, and the remainder shall have full force and effect. I agree to be bound by this Agreement without modification of the preprinted text. The terms of this Agreement shall continue in effect for all scuba diving activities (including entry-level training and continuing education training) for a period of one year from the date I signed this agreement. I am over 18 years of age and legally competent to engage in this Agreement, or I have acquired the written consent of my parent or guardian by completing a Youth Addendum form.

Signature

Date (DD/MM/YY)

Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)



Diver Medical | Participant Questionnaire

Recreational scuba diving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Complete this questionnaire as a prerequisite to a recreational scuba diving.

Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	<input type="checkbox"/> Yes Go to Box A	<input type="checkbox"/> No
2	I am over 45 years of age.	<input type="checkbox"/> Yes Go to Box B	<input type="checkbox"/> No
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	<input type="checkbox"/> Yes Go to Box C	<input type="checkbox"/> No
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	<input type="checkbox"/> Yes Go to Box D	<input type="checkbox"/> No
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	<input type="checkbox"/> Yes Go to Box E	<input type="checkbox"/> No
8	I have had back problems, hernia, ulcers, or diabetes.	<input type="checkbox"/> Yes Go to Box F	<input type="checkbox"/> No
9	I have had stomach or intestine problems, including recent diarrhea.	<input type="checkbox"/> Yes Go to Box G	<input type="checkbox"/> No
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

* If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Signature Date (DD/MM/YY)

Name of Parent/Guardian (When Applicable) Signature of Parent/Guardian (When Applicable) Date (DD/MM/YY)



Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	<input type="checkbox"/> Yes Go to Box D	<input type="checkbox"/> No

BOX B – I AM OVER 45 YEARS OF AGE AND:

I currently smoke or inhale nicotine by other means.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have a high cholesterol level.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have high blood pressure.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have had a close blood relative die suddenly of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX C – I HAVE/HAVE HAD:

Sinus surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Ear disease or ear surgery, hearing loss, or problems with balance.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurrent sinusitis within the past 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Eye surgery within the past 3 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX D – I HAVE/HAVE HAD:

Head injury with loss of consciousness within the past 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Persistent neurologic injury or disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX E – I HAVE/HAVE HAD:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX F – I HAVE/HAVE HAD:

Recurrent back problems in the last 6 months that limit my everyday activity.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Back or spinal surgery within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
An uncorrected hernia that limits my physical abilities.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX G – I HAVE/HAVE HAD:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Dehydration requiring medical intervention within the last 7 days.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or uncontrolled ulcerative colitis or Crohn's disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Bariatric surgery within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No



Youth Addendum – Addendum To The Assumption Of Risk, Liability Release & Hold Harmless Agreement

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM AND THE ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT. THIS YOUTH ADDENDUM TO THE ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

Signature

Date (DD/MM/YY)

Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)