

Cairns Dive Centre Medical Declaration for Certified Divers



PERSONAL DETAILS

Family Name (Surname): _____ Given Name(s): _____

Home Address: _____

Male Female Date of Birth (DD/MM/YY): ____ / ____ / ____ Phone #: _____

Have you suffered, or do you suffer from any of the following: Please

Asthma or wheezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Brain, spinal cord or nervous disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chest surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic bronchitis or persistent chest complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic sinus conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collapsed lung (pneumothorax)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes mellitus (sugar diabetes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting, seizures or blackouts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart disease of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recurrent ear problems when flying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis or other long-term lung disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you currently suffering from:

Breathlessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic ear discharge or infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other illness, injury or operation within the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perforated ear drum?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes" to any question(s) above please provide details: _____

Are you currently taking any medicine or drug (excluding oral contraceptive)? Details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ingested any alcohol within the last 8 hours prior to diving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you plan to fly within 24 hours of this trip ending? Flight Date: ____ / ____ / ____ Flight Time: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk? Yes No

Signed,

Name _____ Signature _____ Date: ____ / ____ / ____

Witness Name _____ Signature _____ Date: ____ / ____ / ____

For Minors (17 years and under)

Parent/Guardian's Name _____ Signature _____ Date: ____ / ____ / ____

ASSESSMENT - STAFF USE ONLY Staff Name: _____

Medical advice required? No Yes *If Yes" complete ALL details below:*

Doctor's Name: _____ Time & Date of call: ____ : ____ ____ / ____ / ____

Advice: Fit to dive without professional supervision
 Must only dive under professional supervision - *CDC Acceptance of Medical Risk Form must be completed, reviewed and attached.*

Diver has been informed of the result of this assessment, including any additional costs to be incurred. **Staff Initials:** ____

Cairns Dive Centre Deed of Assumption Of Risk



In consideration of and as a condition of Cairns Dive Centre and all training agencies (i.e.: SSI, PADI etc.) agreeing to allow me to participate or enrol 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 instructors, Cairns Dive Centre, SSI and or PADI or any other training agency (hereafter referred to as "the Aquatic Activities")

I, **(Name)** _____ Of **(Home Country)** _____

hereby covenant acknowledge and agree that so far as permitted by the Trade Practices Act 1974 (Cth) 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 instructors, Cairns Dive Centre, SSI, PADI and all other training agencies, 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 instructors, Cairns Dive Centre, SSI, PADI and all other training agencies, 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 instructors, Cairns Dive Centre, SSI, PADI and all other training agencies, from the Liabilities and I have signed it voluntarily and without any inducement by the instructors, Cairns Dive Centre, SSI, PADI and all other training agencies.

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

Executed as a Deed on this **(Day)** _____ day of **(Month)** _____, **(Year)** _____.

Signed Sealed and Delivered by:

Name _____ **Signature** _____ **Date:** ___ / ___ / ___

Witness Name _____ **Signature** _____ **Date:** ___ / ___ / ___

For Minors (17 years and under)

Parent/Guardian's Name _____ **Signature** _____ **Date:** ___ / ___ / ___

Equipment Rental Agreement

This agreement is entered into between Cairns Dive Centre and **(Name)** _____, (hereafter referred to as "the Renter") for the rental of scuba, snorkel, any training or reef identification equipment.

The Renter agrees to reimburse Cairns Dive Centre for the loss or breakage through misuse or poor care (no charges will apply through damage due to normal wear and tear of equipment being used in the correct manner) of any and all equipment at the current replacement value as well as delivery costs. Should payment not be provided any certification completed may be withheld.

I Understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free will and with the knowledge that I hereby agree to waive my legal rights.

I have carefully read and understand the above agreement.

Name _____ **Signature** _____ **Date:** ___ / ___ / ___

Training & Experience

Please answer the following questions about your dive training and diving experience.

Current level of certification: Open Water Diver Advanced Diver Rescue Diver Other: _____

Certification issued by: SSI PADI CMAS Other: _____

Approx. date of last dive (month/year): ___ / ___ Total number of dives: _____
 Total number of night dives (liveaboard passengers only): _____

ASSESSMENT - STAFF USE ONLY Staff Name: _____

Proof of certification? Yes – circle: certification card / logbook / online check
 No – CDC Certified Diver Declaration Form must be completed, reviewed & attached.

Assessment dive required? No Yes (complete supervision assessment below after assessment dive is complete)

Dive supervision: Must only dive under professional supervision – reason: _____
 Recommended to dive under professional supervision
 Professional supervision not required

Diver has been informed of the result of this assessment, including any additional costs to be incurred. **Staff Initials:** _____