

SCUBA dive waiver of liability release form



Company

Byron Bay Dive Centre
<http://www.byronbaydivecentre.com.au/>

Activity _____

Date of activity _____

Instructions

Please read the entire document and sign if you agree with the declarations

SCUBA dive, vessel and medical declaration waiver

By signing this document, I acknowledge that its motive is to exempt and release Chelona adventures & research PTY LTD, and their respective affiliates, subsidiaries, owners, employees, agents, and associated personnel. I understand that this release is intended to hold these entities harmless from any and all liabilities that may arise as a consequence.

Scuba diving at Nguthungulli Julian Rocks is an open ocean experience and requires good physical and mental health. Understanding that diving involves certain inherent risks is important for the safety of our clients. These may include, but are not limited to: drowning, injury from marine life, rough weather conditions, physical exertion and failure of equipment.

Certain medical conditions may pose increased risks while SCUBA diving. This release form will determine whether you can participate or not in our activity, or if you have to seek medical advice before partaking the tour.

By signing this waiver, I affirm that I do not have any of the following medical conditions. If I do have any such medical condition, I acknowledge that I have disclosed it to the tour operator and have received written clearance from a medical professional to participate.

Declarations questionnaire

If there are any doubts, please contact one of our team members

1. I affirm that I am physically and mentally fit for SCUBA diving.
2. I have no medical conditions listed below, (and if I do, I've notified a team member in writing, being aware that it could lead to my exclusion from the tour):
Heart condition, lung or respiratory conditions, recent surgeries or injuries, blood clots, high blood pressure, epilepsy or seizures, diabetes, allergies, liver and or kidney conditions.
3. I have no history of fainting, consciousness loss, claustrophobia and or panic attacks or any other conditions that could affect or be affected by SCUBA diving, swimming or being on board a boat.
4. I am aware that SCUBA diving and/or the boat ride is not an activity for individuals in need of medical devices such as insulin pumps, EpiPen, inhalers, defibrillator, pacemakers or any other similar devices.
5. I possess sufficient swimming skills to go 200 meters without assistance.
6. I declare that I have no history of alcohol and or drug abuse, nor am I under the influence of alcohol, or any drugs that could impair their ability to safely participate in SCUBA diving activities.
7. I'm am at least 18 years old, or have a parent or guardian in charge accompanying me (proof is required).
8. I am under the age of 45 or have a medical certificate with approval from a doctor for SCUBA diving activities.
9. I am not pregnant.
10. I am physically fit to handle boating activities, such as embarking a boat (i.e. jumping in the boat, ...), and face waves and surf without causing harm to myself or others.

I certify that I have provided truthful declarations. I acknowledge that I accept responsibility for any consequences arising from inaccuracies in my responses or failure to disclose any existing or past

health conditions

Contact details

First name _____

Last name _____

Email address _____

Sign me up for updates and exclusive offers

Emergency contact

First name _____

Last name _____

Phone number _____

Signature _____ Date of signature _____