

1676183125

DISCOVER SCUBA DIVING REGISTRATION CARD

Participant Information - Please print within the boxes provided **Return to PADI within 30 days of completion of the program**

First Name Initial Last name
 Email
 D.O.B. (dd/mm/yyyy) / / Sex Male Female Program Date (dd/mm/yyyy) / / No. 187171
 Address
 City/Suburb State Post/Zip
 Country Phone
PADI Member Statement: I have conducted all phases of the Discover Scuba Diving program for this participant as outlined in the Discover Scuba Diving Instructor Guide.
 PADI Pro No. Dive Centre / Resort No. Dive Verification Pool / Confined Water Open Water

PADI Professional Name _____

Signature _____

Date _____

1. MEDICAL DECLARATION

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

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

Are you currently suffering from:-

	Yes	No
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Ear Discharge or infection	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Perforated eardrum	<input type="checkbox"/>	<input type="checkbox"/>
Other illness or operation within the last month	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medicine or drug (excluding oral contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ingested any alcohol within the last 8 hours prior to diving?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

Do you understand that any concealment of any condition incompatible with safe diving might put your health or life at risk?

	Yes	No
Do you understand that you should not go to altitude (fly) within 12 hours of completing a single dive or 18 hours when doing multiple dives (where possible wait 24 hrs)?	<input type="checkbox"/>	<input type="checkbox"/>

2. DISCOVER SCUBA DIVING SAFE DIVING PRACTICES

These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving.

- I understand that upon completing the Discover Scuba Diving program, I will not be qualified to dive independently without certified professional guiding me.
- To equalise my ears and sinus air spaces, I will need to blow gently against pinched nostrils every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and/or I may harm it.
- I can seek further training from any PADI Dive Centre, Resort and Instructor to become certified to dive without a professional guide.

No. 187171

Place
Stamp
Here

**PADI ASIA PACIFIC
PO Box 575
Brookvale NSW 2100
AUSTRALIA**

3. STATEMENT OF UNDERSTANDING AND ASSUMPTION OF RISK AGREEMENT - DISCOVER SCUBA DIVING

(Please read carefully, before signing.)

I, [redacted] hereby affirm that I am aware and understand the inherent risks of skin diving and scuba diving, and in particular, I acknowledge:

- 1 That I have read and understand the Discover Scuba Diving Safe Diving Practices and have had any questions answered to my satisfaction. I recognise these practices are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.
- 2 That diving with compressed air involves certain inherent risks of decompression illness, embolism, and other hyperbaric injuries and that such injuries may result in death or serious disablement.
- 3 That injuries of the type referred to in Clause 2 above may require treatment in a recompression chamber. That open water diving trips which are part of the Discover Scuba Diving program may be conducted at a site that is remote either by time and/or distance from a recompression chamber. I choose to participate in the Discover Scuba Diving program despite the possible absence of a recompression chamber in proximity to the dive site.
- 4 That skin diving and scuba diving are physically demanding activities and in susceptible individuals may cause heart attack, panic or hyperventilation.
- 5 That scuba diving involves the use of equipment that may malfunction giving rise to risk of death or disablement.
- 6 That skin diving and scuba diving necessarily involve the exposure to the natural elements including but not limited to storm, tempest, wind, tides and marine life. Such exposure brings with it attendant risk of death or disablement.
- 7 That the Discover Scuba Diving program is designed to provide me with a safe introduction to scuba diving. The program is not intended to train me as a competent diver. I further understand and agree that I must be thoroughly instructed in the use of SCUBA under the direct supervision of a qualified instructor to become a certified, competent diver.
- 8 In consideration of being allowed to participate in this Discover Scuba Diving program, I hereby personally assume all risks in connection with the said program, for any harm, injury or damage that may befall me while I am participating in this Discover Scuba Diving program, including all risks connected therewith, whether foreseen or unforeseen.
- 9 The information I have provided about my medical history on the Medical Declaration is accurate to the best of my knowledge and belief. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.
- 10 I further state that I am of lawful age and legally competent to sign this statement of understanding, or alternatively, the written consent of my parent or legal guardian is provided herewith.
- 11 In the event that any part of this document is held to be inconsistent with any relevant statute, then the parties agree that the document will be invalid to the extent of that inconsistency only.
- 12 I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free will.

4. LIABILITY RELEASE AND STATEMENT OF INTENTION - DISCOVER SCUBA DIVING

I, the aforementioned, have fully informed myself of the contents of the "Statement of Understanding and Assumption of Risk Agreement" and this "Liability Release" before signing it on behalf of myself and my heirs. I further agree that neither the dive professional conducting this activity,

[redacted], the facility through which this activity is conducted [redacted], International PADI, Inc., PADI Asia Pacific nor any of their respective employees, officers, agents or assigns (hereinafter referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs or assigns that may occur as a result of my participation in this Discover Scuba Diving program, whether such injury or damage is foreseen or unforeseen.

I, THE AFOREMENTIONED, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY AND RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWSOEVER CAUSED, INCLUDING BUT NOT LIMITED TO ANY NEGLIGENT ACT OR OMISSION OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

Participant Signature [redacted] Parent/Guardian Signature [redacted] Date [redacted]



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