



DIVE HQ CHRISTCHURCH SCUBA DIVING ACTIVITY WAIVER FORM

First Name: _____ Surname: _____

Address: _____

DOB: ____/____/____ Mobile number: _____

Certification card: Yes / No Log book: Yes / No

Certification Level: _____ Training agency: _____

Date of last dive: _____ Total number of dives: _____ Deepest dive: _____

Emergency contact name: _____ Phone number: _____

Medical Information: Do you suffer from any medical or physical condition that may affect your diving? Yes / No

If you have answered yes please explain further: _____

Diver experiences and safety equipment:

Have you dived in current?	Yes / No	Have you dived from a boat?	Yes / No
Have you dived in temperate waters?	Yes / No	Have you dived in low visibility?	Yes / No
Have you ever dived without a guide?	Yes / No	Can you navigate to exit point?	Yes / No
Do you have a safety sausage or SMB	Yes / No	Do you have an audible signalling device?	Yes / No
Is there any information you need to disclose before completing your dive activity?	Yes / No	Are you fit to dive?	Yes / No

I have discussed the above risks / hazards and understand the extra responsibility placed on me and I will inform the dive supervisor if I require increased supervision.

Are you providing your own equipment? Yes / No

Have you maintained your equipment according to manufacturer's recommendations and is it fit for purpose? Yes / No

If no, you are required to hire our equipment to participate in the activity. Please note you need to provide your own safety equipment to participate in the activity (eg SMB, whistle, knife, torch, etc). Please ask staff for PPE requirements of the dive activity.

No refund will be issued for the trip if you do not participate for any reason.

Office Use Only:			
Dive certification level	Agency	Verified	Signed
		Yes / No	



Liability Release and Assumption of Risk Agreement

I, _____, hereby affirm that I am a certified scuba diver or a student diver under the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site (hereinafter collectively referred to as "Excursion").

I understand that these inherent risks include, but are not limited to, drowning, air expansion injuries, decompression sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea; all of which can result in serious injury or death. I understand the Excursion will be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and emergency medical facilities. I still choose to proceed with the Excursion. By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip and scuba dive(s), whether conducted as a certified diver or a student diver in a diving class.

I understand and agree that neither Dive HQ Christchurch 2013 Limited; the dive professional(s); nor the crew or owner of the vessel; nor the vessel itself; nor the PADI Americas, Inc nor its affiliate or subsidiary corporations; nor the owners, officers, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or any drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. I am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s)/vessel crew. I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly.

I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement if found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and my heirs, assigns and beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE I SIGNED BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

Diver Accident Insurance? No / Yes

Company: _____

Policy Number: _____



For Multiple Visits Sign and Date Below

NOTE: Before signing below check and update above if your details or circumstances have changed since you last dived with us.

Notes / updates	Explanation of risks received Yes / No	Signature	Parent / Guardian Signature	Date