

# Certified Diver / Student Diver Participant Information



Name (First - Middle - Last):

Male ..... / Female .....

Date of Birth .....

Mailing Address (Street - City - Postal code - Country):

Local Address (accommodation): .....

Phone number: ..... email: .....

Certification (Agency - Level - Number): ..... Logged dives: .....

**IN CASE OF EMERGENCY, PLEASE CONTACT:** Name: .....

Relationship: ..... Phone number: .....

### Please read carefully and fill in all blanks before signing

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving program at your own risk. Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

### WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving program. You must advise truthfully and fully inform the dive professionals and the facility through which this program is offered of your medical history.

### ACCEPTANCE OF RISK

I understand and agree that neither the dive professionals conducting this program, nor BLUE MANTA, nor Diving Organization authorizing this diving center nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence. In the absence of any negligence or other breach of duty by the dive professionals conducting this program, BLUE MANTA, Diving Organizations and all parties referred to above, my participation in this diving program is entirely at my own risk. I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

Date (Day/Month/Year) .....

Participant's Name (please print): .....

Participant's Signature .....

Name & Signature of Parent/Guardian (where applicable) .....

**Medical Statement**

This is a statement in which you are informed of some of the potential risks involved in recreational scuba diving and of the conduct required of you during the recreational scuba training. You must complete this Medical Statement, which includes the medical-history information section, to enroll in the recreational scuba-training program.

**To the Participant:**

The purpose of this medical information sheet is to inform you whether you should be examined by a physician before participating in recreational diving training. If any of these conditions apply to you, this does not necessarily disqualify you from recreational scuba diving. It only means that you must seek the advice of a physician. Please acknowledge that you have read and understood the information provided below by initialing each individual point. Please be advised that if any of these items apply to you, for your own safety you must consult a physician prior to participating in recreational scuba diving.

**YOU MUST CONSULT A PHYSICIAN IF:**

**Initials:**

- You are pregnant or you suspect you may be pregnant
- You regularly take medications (with the exception of birth control)
- You are over 45 years of age and one or more of the following apply
  - You smoke
  - You have a high cholesterol level

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**YOU SHOULD CONSULT A PHYSICIAN IF YOU HAVE EVER HAD:**

**Initials:**

- Asthma, or wheezing with breathing, or wheezing with exercise
- Any form of lung disease
- Pneumothorax (collapsed lung)
- History of chest surgery
- Claustrophobia or agoraphobia (fear of closed or open spaces)
- Epilepsy, seizures, convulsions or take medications to prevent them
- History of blackouts or fainting (full/partial loss of consciousness)
- History of diving accidents or decompression sickness
- History of diabetes
- History of high blood pressure or take medications to control blood pressure
- History of any heart disease
- History of ear disease, hearing loss or problems with balance
- History of thrombosis or blood clotting
- Psychiatric diseases

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**I AM AWARE THAT I COULD BE UNFIT TO DIVE IF I HAVE, OR DEVELOP DURING THE COURSE, ANY OF THE FOLLOWING CONDITIONS:**

**Initials:**

- Cold, sinusitis, or any breathing problems (e.g. bronchitis, hay fever)
- Acute migraine or headache
- Any kind of surgery within the last 6 weeks
- Under influence of alcohol, drugs or medications affecting the ability to react
- Fever, dizziness, nausea, vomiting and diarrhea
- Problems equalizing (popping ears)
- Acute gastric ulcers
- Pregnancy

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PSS Worldwide 2006-2010  
 Medical Statement in accordance with European Standards EN 14153-1:2003 (E) Annex B