

Standard Safe Diving Practices Statement of Understanding

Please read carefully and fill in all blanks before signing

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I,, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables – whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures - with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 meters/60 feet per minute. Be a **SAFE** diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 meters/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, and mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Date (Day/Month/Year)

Participant's Signature

Name & Signature of Parent/Guardian (where applicable)

Health Declaration Form / COVID-19

Read this statement prior to signing it. You must complete this additional medical questionnaire to enroll in a diver training program or to participate in any diving activity. If you are a minor, you must have this statement signed by your parent or guardian.

DIVER MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to ensure that you are medically fit to dive. Please answer the following questions with a YES or NO. If you are not sure, answer YES. A positive response means that there may be a preexisting condition that could affect your safety while diving. If any of these items apply to you, we must request that you consult with a physician, preferably a specialist in diving medicine, prior to participating in diving activities.

Within the 40 days immediately preceding the date of this Health Declaration Form, have you:

1. Tested positive or presumptively positive with COVID-19 (the new Coronavirus or SARS-COV2 or been identified as a potential carrier of the Coronavirus? **YES / NO**
2. Experienced any symptoms commonly associated with COVID-19 (fever; cough; fatigue or muscle pain; difficulty breathing; sore throat; lung infections; headache; loss of taste; or diarrhea)? **YES / NO**
3. Been in any location/site declared as hazardous with and/or potentially infective with the new Coronavirus by a recognized health or regulatory authority? **YES / NO**
4. Been in direct contact with or in the immediate vicinity of any person who tested positive with the new Coronavirus or who was diagnosed as possibly being infected by the new Coronavirus? **YES / NO**

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my existing or past health conditions. I also commit to inform “Blue Manta Diving & Aquanautic Club” about any symptom that may arrive after having filled in this declaration and/or having come into contact with someone who has tested positive after signing the declaration.

Additional Declarations / COVID-19

..... I WILL, if asked, wear a protective mask at all times while participating in the diving training / activities arranged by “Blue Manta Diving & Aquanautic Club”, and will take all reasonable preventive steps that may be recommended by “Blue Manta Diving & Aquanautic Club”, or any relevant public authority.

..... I WILL accept and observe all instructions by “Blue Manta Diving & Aquanautic Club” intended to abide by all existing regulations, required to help prevent the risk of transmission, including having my temperature taken prior to participating in any diving activities.

..... I ACKNOWLEDGE and ACCEPT that this declaration will be considered as my consent to “Blue Manta Diving & Aquanautic Club” to retain this declaration and disclose it to any relevant authority or service provider for the purposes of ensuring the safety of any third parties that may come in contact with me prior to, during, and after any diving activity.

Date (Day/Month/Year)

Participant’s Name (please print):

Participant’s Signature

Name & Signature of Parent/Guardian (where applicable)