



Standard Safe Diving Practices Statement of Understanding



Please read carefully 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. Re-cognize 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 metres/60 feet per minute. Be a **SAFE** diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 metres/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 signalling device (such as signal tube, whistle, 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.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



LIABILITY RELEASE AND ASSUMPTION OF RISK

CERTIFICATION CARD#: _____ CERTIFYING ORGANISATION: _____
CERTIFICATION LEVEL: _____ DATE OF LAST DIVE: _____
EMAIL: _____ DOB: _____
ADDRESS: _____
PHONE#: _____ Bure#: _____
Emergency Contact Name & Number: _____

Please read carefully, fill in blank and initial each paragraph before signing

I, _____ **HEREBY DECLARE THAT I AM CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES AND AM AWARE OF THE INHERENT HAZARDS OF SKIN DIVING AND SCUBA DIVING.**

_____ I understand that neither the dive guide, the facility through which this operation is offered, L'aventure Jean-Michel Cousteau Diving, nor any of the respective employees, officers, agents or assigns (herein referred to as "**released parties**"), may be held responsible in any way for any injury, death or damages to me or to any family, or assigns that may occur as a result of my participation in skin or scuba diving as a result of the negligence of any party, including the released parties, whether passive or active.

_____ I understand that diving with compressed air involves certain inherent risks, such as decompression sickness, embolism or any other hyperbaric injuries treatment in a recompression chamber. I further understand that the dives may be conducted at a site that is remote, either by site or distance or both, from a recompression chamber. I still choose to skin or scuba dive in spite of the possible absence of a recompression chamber in the proximity of the dive site.

_____ I declare that I am in good, mental and physical fitness for diving and that I am not under the influence of alcohol, nor am I under the influence of drugs that are contradictory to diving. If I am taking medication I declare that I have seen a physician and have approval to dive under the influence of medication/drug.

_____ I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself and that I am injured as a result of heart attack, panic hyperventilation, etc. that I assure the risk of the said injuries and that I will not hold the released parties responsible for the same.

_____ I will inspect all my equipment prior to the activity and will notify the released party if any of the equipment is not working properly. I will not hold the released parties responsible for my failure to inspect my equipment prior to diving.

_____ In consideration of being allowed to skin or scuba dive, I hereby personally assume all risks in connection with the said dive(s), for any harm, injury or damage that may befall me while I am participant, including all risks connected therewith, weather foreseen or unforeseen.

_____ I further save and hold harmless said skin or scuba dive(s) and released parties from any claim or lawsuit by me, family, estate, heir or signs, arising from participation in skin or scuba dive(s) or after I complete the skin or scuba dive.

_____ I further declare that I am lawful age and legally competent to sign this liability release, or that I have signed this document of my own free act.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY GUIDE, THE FACILITY THROUGH WHICH THIS SKIN OR SCUBA DIVE(S) ARE OFFERED, L'AVENTURE JEAN-MICHEL COUSTEAU DIVING FIJI AND ALL RELATED ENTITIES AS DEFINED FROM ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FROM PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFULL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THE LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT 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)



MEDICAL QUESTIONNAIRE

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR MEDICAL CONDITION WITH EITHER A "YES" OR "NO". ANYTHING YOU ANSWER YES TO WILL BRING ABOUT A CONVERSATION WHERE WE WILL DETERMINE WHETHER CONSULTATION WITH A DOCTOR IS NECESSARY OR NOT.

- _____ Do you have a history of heart attacks or strokes?
- _____ Do you have a history of asthma or wheezing with breathing?
- _____ Do you have a history of sinus problems?
- _____ Do you have a history of epilepsy, seizures or convulsions?
- _____ Do you have a history of diving accidents or decompression sickness?
- _____ Do you have a history of respiratory problems or disease?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of heart disease?
- _____ Have you ever had ear or sinus surgery?
- _____ Do you have a history of ear disease or hearing loss?
- _____ Have you ever had a problem equalising your air spaces?
- _____ Are you currently taking prescription medication?
- _____ Are you under the care of a physician?
- _____ Have you recently had an operation or illness?
- _____ Could you be pregnant or attempting to become pregnant?
- _____ Do you have behavioural health, mental or psychological problems or a nervous system disorder?
- _____ Are you over 45 and have a family history of heart attack or stroke?

By signing below I, _____ deem myself physically fit to scuba dive and release my dive guide and the dive operation from any responsibility and or liability in the case where any harm is caused to myself due a medical issue.

PLEASE SIGN

DATE

PLEASE NOTE: FIJI CURRENTLY DOES NOT HAVE AN OPERATIONAL HYPERBARIC CHAMBER. PLEASE ASK DIVE CENTRE STAFF IF YOU HAVE ANY QUESTIONS.



ENVIRONMENTAL PRACTICES AGREEMENT

- I will not touch, tease, harass, collect any marine life or organisms
- I will not feed any marine life and will discard all food scraps properly
- I will discard all trash properly and will not throw anything into the sea
- I will maintain good buoyancy and minimise any contact with the reef
- I will not hold on to coral and will keep my fins off the reef at all times
- I will listen to the Dive Guide's advice and instructions during dives
- **I understand that failure to follow these rules and the advice of the Dive Guide, will result in loss of diving privileges and a fee (100FJD) for breaking/harassing any coral/marine life**

* I have fully informed myself of the contents of this agreement by reading it and agreed to follow the previous points before signing *

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

