

## Amun Ini Dive Registration Form

Partial Equipment Rental: \_\_\_\_\_

Full Equipment Rental: \_\_\_\_\_

Own Equipment: \_\_\_\_\_

### Personal Details

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Room No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Diving Details

Certification Level / Agency: \_\_\_\_\_

Nitrox Certification: Yes / No

Approx. # of Dives: \_\_\_\_\_

Certification Card Seen: \_\_\_\_\_

Last Dive Date: \_\_\_\_\_

Nitrox Cert. Card Seen: \_\_\_\_\_

### Emergency Contact Details (Not your Dive Buddy)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Environmental Awareness:

- AMUN INI is an environmentally friendly dive centre – please respect our policies on:-
- **No touching, moving, collecting, feeding or harassing of marine life.**
- **No touching, moving of local fish cages. In the event of coral damage, pictures of damage are to be presented to local authorities**
- Maintaining good buoyancy control and Buddy system at all times.
- **No gloves allowed in accordance with local regulations.**

### Safety

Your safety is AMUN INI'S priority – please respect our policies on:-

☐ No decompression diving and always safety stop required

☐ Strictly no alcohol consumption prior to any dive.

### Camera and Dive Equipment

I acknowledge that I am responsible for my dive equipment and camera at all times during my stay with Amun Ini Beach Resorts. Leaving the camera, strobes or other equipment in wash tubs, the camera room or on boats is done so at my own risk. If our staff offer to carry or assist you with your camera equipment, or you request their assistance, you do so at your own risk acknowledging that they cannot be held responsible for any damage to the equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

## SSI Recreational Scuba Training Assumption of Risk, Liability Release & Hold Harmless Agreement

**(Form not to be used within the European Union and various other countries depending on local laws/regulations - The Training Center and the Professionals are responsible to know and adhere to laws/local regulations) This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing. Warning – Scuba diving uses life-support equipment and techniques that have inherent risks which may cause serious injury, illness or death.**

In consideration of being allowed to participate in scuba training, I, \_\_\_\_\_  
(print name of student) expressly agree to be bound by this Agreement and comply with the SSI Responsible Scuba Diver Code. I understand this Agreement is between me, my family, estate, heirs and or anyone who may have a claim on my behalf; and \_\_\_\_\_  
(print name of training center), including all instructors, facilities, boats, and training sites I receive training with or at; Scuba Schools International ("SSI"); and each of their respective owners, officers, employees, representatives, volunteers, agents, contractors and any others on their behalves, whether specifically named or not (herein referred to as "Released Parties").

I voluntarily assume all risks of injury, illness and death, caused by scuba diving and all related activities, whether foreseeable or not, including but not limited to risks associated with: swimming, entering and exiting the water, falling on, struck by or abandoned by a boat, separation or lost underwater, holding my breath, pre-existing health conditions, heart failure, over-exertion, panic, drowning, pressure related injuries, decompression illness, environmental and marine life injuries, unknown causes, equipment malfunctions, improper dive planning, or improper action of other divers or support personnel (including failure to rescue, recover, resuscitate, or provide emergency assistance).

I agree to waive, release, not sue, discharge, save, indemnify, and hold harmless the Released Parties of all claims, demands, causes of action, lawsuits and damages by me, my estate, family (including minor children), heirs, or others who may have a claim for my injury, illness or death as a result of any act or failure to act, including negligence by the Released Parties, associated with my scuba training and all related activities. I agree that it is my responsibility to inform my family and all those who may have legal rights on my behalf that I have entered into this Agreement and it is my intent that they be bound by this Agreement. I agree that me or my estate shall be fully liable (pay for) for the cost to the Released Parties for any claim brought on my behalf as a consequence of my participation in scuba diving and all related activities.

I have carefully read, understand and agree to comply with the SSI Responsible Scuba Diver Code during all diving activities. I understand and agree that I am responsible for my own safety and well-being during all dive training and related activities. I am responsible for being physically, medically and mentally fit to participate in scuba diving. I affirm that all personal information I have provided on medical questionnaires is truthful and accurate to the best of my knowledge, and I will not hold others responsible or liable for any injury, illness or death caused by my failure to disclose a known medical condition. I am responsible for my own equipment configuration, assembly, and pre-dive inspection to verify it is appropriate and functioning properly. I am responsible for planning and performing all my dive activities, including anticipating potential emergencies. I will not hold anyone, including the Released Parties, responsible for failure to protect my well-being, ensure my proper use of equipment, or conduct my dive activities competently. I will not dive in conditions or at times that are not within my abilities and comfort level. If conditions become dangerous or I do not feel well or I become injured, I will immediately notify the dive leader and take action to correct the situation. I understand dive activities are conducted at sites that are remote, in time and distance, from medical care or a recompression chamber. I understand dive training does not guarantee my safety and that accidents happen even when proper procedures are followed. I understand the importance of, and my responsibility to have, personal insurance that specifically covers dive-related emergencies, emergency transportation, and medical treatments.

I understand and agree that SSI licenses training centers, professionals and their affiliates to use various SSI trademarks and to conduct SSI approved training, but they are not agents, employees or franchisees of SSI, its parent, subsidiary, or affiliated corporations. I further understand that SSI training centers, SSI professionals, and their affiliates' businesses are independent, and are neither owned, operated, or controlled by SSI, and that while SSI establishes standards and materials for SSI training, it is not responsible for, nor does it have the right to control, the operation of the business activities or the day-to-day training and/or supervision of divers by SSI training centers, SSI professionals, their affiliated businesses, and/or their associated staff. I further understand and agree on behalf of myself, that in the event of injury, illness or death during dive activities, I shall not hold SSI liable for the actions, inactions or negligence of the SSI training center, SSI professionals and other affiliated businesses or personnel associated with my dive activities.

I have read this Agreement and the SSI Responsible Scuba Diver Code. I expressly understand my responsibilities and that I am giving up legal rights by signing this Agreement. I understand this is a legal contract and I am voluntarily signing it without duress or further inducement. I understand this is an unconditional and complete release of all liability to the greatest extent allowed by law. If any portion of this Agreement is found to be legally unenforceable or invalid, that portion shall be severed, and the remainder shall have full force and effect. I agree to be bound by this Agreement without modification of the preprinted text. The terms of this Agreement shall continue in effect for all scuba diving training (including entry-level training and continuing education training) and related activities for a period of one year from the date I signed this agreement. I am over 18 years of age and legally competent to engage in this Agreement, or I have acquired the written consent of my parent or guardian by completing a Youth Addendum form.

Participant's Name (Print)

Participant's Signature

Date (DD/MM/YY)

Parent/Guardian (Print)

Parent/Guardian Signature

Date (DD/MM/YY)



# HEALTH DECLARATION FORM - COVID-19

Read this statement prior to signing it. You must complete this additional Medical Statement 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. Should you have any existing conditions that could compromise your fitness to dive, you will need to consult with a diving medical specialist. A positive response means that there may be a preexisting condition that may affect your safety while diving. Please answer the following questions with a YES or NO. If you are not sure, answer YES. If any of these statements apply to you, we must request that you consult with a physician, preferably a Diving Medicine Specialist 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.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature

## ADDITIONAL DECLARATIONS – COVID-19

☐ I WILL, if asked, wear a protective mask at all times while participating in the diving training / activities arranged by \_\_\_\_\_, and will take all reasonable preventive steps that may be recommended by \_\_\_\_\_, and/or any relevant public authority.

☐ I WILL accept and observe all instructions by \_\_\_\_\_ 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 \_\_\_\_\_ 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.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature



# PLEASE NOTE

COVID-19 shares many of the same symptoms as other serious viral pneumonias that require a period of convalesce before returning to full activities – a process that can take weeks or months depending on symptom severity (1).

## MEDICAL RECOMMENDATIONS (2):

- Divers who have had symptomatic COVID-19, should wait a minimum of TWO months, preferable THREE, before resuming their diving activities.
- Divers who have tested positive with COVID-19 but have remained completely asymptomatic, should wait ONE month before resuming diving.
- Divers who have been hospitalized with pulmonary symptoms related to COVID-19, should, after a three-month waiting period, undergo complete pulmonary function testing as well as a cardiac evaluation with echocardiography and exercise test (exercise electrocardiography) to ascertain normal cardiac function prior to your return to diving.

## GENERAL RECOMMENDATION

- Divers and dive centers should observe strictly the guidelines for disinfection of diving gear (as issued by the diving federations and DAN Europe / Divers Alert Network).

## REFERENCES

- (1) [Return to Diving Post COVID-19](#) - issued by the Undersea and Hyperbaric Medical Society (UHMS) in the USA.
- (2) [Diving after COVID-19 pulmonary infection](#). A position statement of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG).

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The present is a sample of Health Declaration Form that a dive centre or dive professional may want to adopt and submit to customers and students, before taking up any diving activity with them.

The Form has been developed by the DAN Europe Medical Division team, based on information available as of May 2020. The epidemiological situation is constantly evolving. As a result, this document may be subject to changes and updates.