



**Name:** \_\_\_\_\_ **M / F** **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone no:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Emerg. contacts ph. no:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Level:** \_\_\_\_\_ **Cert number:** \_\_\_\_\_ **No. of Dives:** \_\_\_\_\_ **Last Dive:** \_\_\_\_\_  
**How did you hear about us?** \_\_\_\_\_

**Medical questionnaire**  
 Are you flying in the next 24 hours? **Yes / No**

<b>Are you or have you ever suffered from any of the following:</b>					
	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>
Asthma or Wheezing			Ear surgery		
Brain, spinal chord or nervous disorder			Epilepsy		
Chest surgery			Fainting, seizures or blackouts		
Chronic bronchitis or persistent chest complaint			Heart disease of any kind		
Chronic sinus conditions			Recurrent ear problems when flying		
Collapsed lung (pneumothorax)			Tuberculosis or other long term lung disease		
Diabetes					
<b>Are you currently suffering from:</b>					
Breathlessness			Are you currently taking any medicine or drug (excluding oral contraceptives)		
Chronic ear discharge					
High blood pressure					
Other illness or operation in the last month			Have you ingested any alcohol within the 8 hours prior to diving		
Perforated ear drum			Are you pregnant?		

**Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk? YES / NO**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

# Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

In consideration of permitting me, \_\_\_\_\_ to participate in snorkeling / scuba diving activities and related operations conducted by **1770 Undersea Adventures** and it's employees in the city of **Seventeen Seventy and Agnes Water, QLD, Australia** beginning on the \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_, I for myself, my personal representatives, heirs and next of kin:

**HEREBY** acknowledge that **SNORKELING / SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and / or death and / or property damage. **I FURTHER ACKNOWLEDGE** that diving with compressed air involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility, which may require a great distance of travel. **I UNDERSTAND** that the snorkeling or diving activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

**HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE 1770 Undersea Adventures**, it's facility, the dive leader, or any of it's officers, instructors, agents or employees (the Releasees) **FROM ALL LIABILITY TO MYSELF**, my personal representatives, assigns, heirs, and next of kin **FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND / OR INSTRUCTION IN SAID ACTIVITIES, OR ANY OTHER RELATED DIVING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, now and forever, arising out of or related to participation and or instruction in said activities or other related diving operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise. **I HEREBY SEPARATELY** agree to **INDEMNIFY** and **SAVE** and **HOLD HARMLESS** the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation in said activities, or any other related diving operations, whether caused by the negligence of the Releasees or otherwise.

**HEREBY** acknowledge that **INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I have read this Waiver and Release of Liability, Assumption of risk and Indemnity Agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, am aware of it's legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader the potential dangers incidental to engaging in the activity of snorkeling or scuba diving and related diving operations.**

Participant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As a parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand that I have given up substantial rights by signing it, am aware of it's legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and hold harmless Releasees. I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss with the dive leader the potential dangers prior to commencement of the minor child's snorkeling or scuba diving activities and related diving operations**

Guardians Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_