

# ScubaTech Ltd. Customer Record Sheet



VAT # 1515122

Name						
Country		D.O.B.	day	month	year	
Adress						
Adress						
eMail						
Date Arrival		Acomm.				
Date Depart		Room No.		BCD:	Shorty:	Mask/Snorkel:
How did you hear about ScubaTech?		Last dive		Reg:	Long Suit:	Fins:
Qualification		No of dives		Air	Nx	Weight:
<b>Date</b>	<b>Diving / Courses / Snorkelling / Boattrips</b>		<b>Equipment</b>		<b>Remarks</b>	
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
<b>Single Dives</b>						US\$
<b>2 Tank Dives</b>						US\$
<b>Equipment</b>						US\$
<b>Course</b>						US\$
<b>Course</b>						US\$
<b>Gases</b>						US\$
<b>Snorkling</b>						US\$
<b>Watersport</b>						US\$
<b>Shop</b>						US\$
<b>Drinks/Extras</b>						US\$
<b>Subtotal</b>						US\$
<b>Tax</b>	10% VAT					US\$
<b>Date of Payment</b>	Deposit	Cash	Credit Card	Total EC\$	Total US\$	
<b>Invoice #</b>				Total - Deposit = To pay US\$		➔

ScubaTech Ltd.



**Liability Release and assumption of risk  
For certified divers, divers in training and snorkellers**

1. I acknowledge that I am  a certified scuba diver trained in safe diving practices,  a diver in training,  a snorkeller or passenger (✓ appropriate)
2. I am aware of the risks inherent in this sport and accept these risks.
3. I am in good mental and physical fitness for diving/snorkelling, and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra indicatory to diving/snorkelling. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.
4. I am aware of the dangers of breath holding while scuba diving and I will not hold the Released Parties and related entities (Such as employees, instructors, certified assistants, boat operators, or diver training agencies) responsible if I am injured doing so.
5. I am aware that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the Released Parties responsible for my failure to safely plan my dive.
6. I will inspect all of my equipment prior to the activity and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.  
I accept responsibility for the return of this equipment in the condition in which it was rented to me. Should I have any cause to damage or loss the equipment I understand that I will be required to pay for the replacement including shipping and local taxes.  
I further understand that should I be involved in any accident which arises from misuse of this equipment, I absolve ScubaTech Ltd., its principals, Officers, employees and agents from any liability whatsoever.  
I understand that ScubaTech Ltd. is not reliable for loss and damage of private equipment.
7. I acknowledge that I am physically fit to scuba dive/snorkel, and I will not hold the Released Parties responsible if I am injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.
8. I understand that even though I follow all of the appropriate dive practices, there is still some risk of my sustaining decompression sickness, embolism, or other hyperbaric injuries, and I expressly assume the risk of said injuries.
9. I expressly assume the risk and accept all responsibility to plan my dive and dive my plan.
10. I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold Released Parties responsible for the same.
11. I understand that on this open-water diving trip, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot.
12. I ..... release ScubaTech Ltd. and its agents from all Liability whatsoever for personal injury, property damage and wrongful death however caused including but not limited to negligence of the company or its agents.
13. You may pay with US\$, EC\$, VISA- or MASTER-Card.  
The exchange rate for EC\$ is 2.75. Credit card payment will be in EC\$.
14. If you are staying at the CALABASH Hotel please consider that we can't charge your dive center bill to your room. You may pay with us in the dive center.

Printed Name: .....

Signed .....

Date .....

Signature of Parent of Guardian (where applicable) .....



# BOAT TRAVEL AND SCUBA DIVING LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, hereby affirm that I am a certified scuba diver or a student diver under the control and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site (hereinafter collectively referred to as "Excursion").

I understand that these inherent risks include, but are not limited to, drowning, air expansion injuries, decompression sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea; all of which can result in serious injury or death. I understand the Excursion will be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and emergency medical facilities. I still choose to proceed with the Excursion. By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip and scuba dive(s), whether conducted as a recreational dive or part of a diving class.

I understand and agree that neither the divemaster/dive supervisor/instructor; nor the crew or owner of the vessel; nor the vessel itself; nor PADI Americas, Inc., nor its affiliate or subsidiary corporations; nor the owners, officers, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or any drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Release Parties responsible for the same.

I am aware that safe dive practices suggest diving with a buddy. Accordingly, it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, maintain buddy contact and follow the instructions of the dive supervisor/vessel crew, including the dive briefing.

I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns or beneficiaries my have to sue the Release Parties resulting from my death. I further represent that I have the authority to do so and my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED 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)

Diver Accident Insurance?     NO     YES    Policy Number \_\_\_\_\_



# PADI

# LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

**Please read carefully and fill in all blanks before signing.**

I, \_\_\_\_\_, hereby affirm that I am aware that skin and scuba diving have inherent risks which  
Participant Name  
may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), \_\_\_\_\_, the facility through which  
I receive my instruction, \_\_\_\_\_, nor PADI Americas, Inc., nor its affiliate and sub-  
Facility Name

sidary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,  
Participant Name  
\_\_\_\_\_, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,  
\_\_\_\_\_, AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS  
Facility Name

DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)



# STUDENT

---

**Please print legibly.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

## **Name and address of your family physician**

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving?  Yes  No If so, when? \_\_\_\_\_

# PHYSICIAN

---

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

## **Physician's Impression**

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

# Guidelines for Recreational Scuba Diver's Physical Examination

## Instructions to the Physician:

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The **RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

## NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish

from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

### Relative Risk Conditions

- **Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations**
- **History of Head Injury with sequelae other than seizure**
- **Herniated Nucleus Pulposus**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

### Temporary Risk Condition

**History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.**

### Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

### Some conditions are as follows:

- **History of seizures other than childhood febrile seizures**
- **History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)**
- **History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits**

## CARDIOVASCULAR SYSTEMS

### Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.\* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

\* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

## Relative Risk Conditions

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation

## Pacemakers

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

\* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

## Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

## PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

## Relative Risk Conditions

- History of Asthma or Reactive Airway Disease (RAD)\*
- History of Exercise Induced Bronchospasm (EIB)\*
- History of solid, cystic or cavitating lesion\*
- Pneumothorax secondary to:
  - Thoracic Surgery
  - Trauma or Pleural Penetration\*
  - Previous Overinflation Injury\*

- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease\*
- Interstitial lung disease: May increase the risk of pneumothorax

\* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

## Severe Risk Conditions

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

## GASTROINTESTINAL

### Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

### Temporary Risk Conditions

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

### Relative Risk Conditions

- Inflammatory Bowel Disease
- Functional Bowel Disorders

### Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

### Severe Risk Conditions

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

## ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

### Relative Risk Conditions

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical

cause of decompression may accelerate/escalate the progression).

### **Temporary Risk Conditions**

- Back pain

## **HEMATOLOGICAL**

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

### **Relative Risk Conditions**

- Sickle Cell Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

## **METABOLIC AND ENDOCRINOLOGICAL**

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

### **Relative Risk Conditions**

- Hormonal Excess or Deficiency
- Obesity
- Renal Insufficiency

### **Severe Risk Conditions**

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See "Guidelines for Recreational Diving with Diabetes" at [www.wrsc.com](http://www.wrsc.com) and [www.diversalertnetwork.org](http://www.diversalertnetwork.org).]

**Pregnancy:** The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

## **BEHAVIORAL HEALTH**

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

### **Relative Risk Conditions**

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

### **Severe Risk Conditions**

- Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of

personal fears

- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

## **OTOLARYNGOLOGICAL**

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

### **Relative Risk Conditions**

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture

### **Severe Risk Conditions**

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness

## BIBLIOGRAPHY/REFERENCE

1. Bennett, P. & Elliott, D (eds.)(1993). *The Physiology and Medicine of Diving*. 4th Ed., W.B. Saunders Company Ltd., London, England.
2. Bove, A., & Davis, J. (1990). *Diving Medicine*. 2nd Edition, W.B. Saunders Company, Philadelphia, PA.
3. Davis, J., & Bove, A. (1986). "Medical Examination of Sport Scuba Divers, Medical Seminars, Inc.," San Antonio, TX
4. Dembert, M. & Keith, J. (1986). "Evaluating the Potential Pediatric Scuba Diver." AJDC, Vol. 140, November.
5. Edmonds, C., Lowry, C., & Pennefether, J. (1992) .3rd ed., *Diving and Subaquatic Medicine*. Butterworth & Heineman Ltd., Oxford, England.
6. Elliott, D. (Ed) (1994). "Medical Assessment of Fitness to Dive." Proceedings of an International Conference at the Edinburgh Conference Centre, Biomedical Seminars, Surry, England.
7. "Fitness to Dive," Proceedings of the 34th Underwater & Hyperbaric Medical Society Workshop (1987) UHMS Publication Number 70(WS-FD) Bethesda, MD.
8. Neuman, T. & Bove, A. (1994). "Asthma and Diving." Ann. Allergy, Vol. 73, October, O'Conner & Kelsen.
9. Shilling, C. & Carlston, D. & Mathias, R. (eds) (1984). *The Physician's Guide to Diving Medicine*. Plenum Press, New York, NY.
10. Undersea and Hyperbaric Medical Society (UHMS) [www.UHMS.org](http://www.UHMS.org)
11. Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC [www.DiversAlertNetwork.org](http://www.DiversAlertNetwork.org)
12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, [www.rah.sa.gov.au/hyperbaric](http://www.rah.sa.gov.au/hyperbaric), telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, [www.spums.org.au](http://www.spums.org.au)
16. European Underwater and Baromedical Society, [www.eubs.org](http://www.eubs.org)

## ENDORSERS

Paul A. Thombs, M.D., Medical Director  
Hyperbaric Medical Center  
St. Luke's Hospital, Denver, CO, USA

Peter Bennett, Ph.D., D.Sc.  
Professor, Anesthesiology  
Duke University Medical Center  
Durham, NC, USA  
[pbennett@dan.duke.edu](mailto:pbennett@dan.duke.edu)

Richard E. Moon, M.D., F.A.C.P., F.C.C.P.  
Departments of Anesthesiology and Pulmonary  
Medicine  
Duke University Medical Center  
Durham, NC, USA

Roy A. Myers, M.D.  
MIEMS  
Baltimore, MD, USA

William Clem, M.D., Hyperbaric Consultant  
Division Presbyterian/St. Luke's Medical Center  
Denver, CO, USA

John M. Alexander, M.D.  
Northridge Hospital  
Los Angeles, CA, USA

Des Gorman, B.Sc., M.B.Ch.B., F.A.C.O.M.,  
F.A.F.O.M., Ph.D.  
Professor of Medicine  
University of Auckland, Auckland, NZ  
[d.gorman@auckland.ac.nz](mailto:d.gorman@auckland.ac.nz)

Alf O. Brubakk, M.D., Ph.D.  
Norwegian University of Science and Technology  
Trondheim, Norway  
[alfb@medisin.ntnu.no](mailto:alfb@medisin.ntnu.no)

Alessandro Marroni, M.D.  
Director, DAN Europe  
Roseto, Italy  
Hugh Greer, M.D.  
Santa Barbara, CA, USA  
[hdgblgfp@aol.com](mailto:hdgblgfp@aol.com)

Christopher J. Acott, M.B.B.S., Dip. D.H.M.,  
F.A.N.Z.C.A.  
Physician in Charge, Diving Medicine  
Royal Adelaide Hospital  
Adelaide, SA 5000, Australia

Chris Edge, M.A., Ph.D., M.B.B.S., A.F.O.M.  
Nuffield Department of Anaesthetics  
Radcliffe Infirmary  
Oxford, United Kingdom  
[cjedge@diver.demon.co.uk](mailto:cjedge@diver.demon.co.uk)

Richard Vann, Ph.D.  
Duke University Medical Center  
Durham, NC, USA

Keith Van Meter, M.D., F.A.C.E.P.  
Assistant Clinical Professor of Surgery  
Tulane University School of Medicine  
New Orleans, LA, USA

Robert W. Goldmann, M.D.  
St. Luke's Hospital  
Milwaukee, WI, USA

Paul G. Linaweaver, M.D., F.A.C.P.  
Santa Barbara Medical Clinic  
Undersea Medical Specialist  
Santa Barbara, CA, USA

James Vorosmarti, M.D.  
6 Orchard Way South  
Rockville, MD, USA

Tom S. Neuman, M.D., F.A.C.P., F.A.C.P.M.  
Associate Director, Emergency Medical Services  
Professor of Medicine and Surgery  
University of California at San Diego  
San Diego, CA, USA

Yoshihiro Mano, M.D.  
Professor  
Tokyo Medical and Dental University  
Tokyo, Japan  
[y.mano.ns@tmd.ac.jp](mailto:y.mano.ns@tmd.ac.jp)

Simon Mitchell, MB.ChB., DipDHM, Ph.D.  
Wesley Centre for Hyperbaric Medicine  
Medical Director  
Sandford Jackson Bldg., 30 Chasely Street  
Auchenflower, QLD 4066 Australia  
[smitchell@wesley.com.au](mailto:smitchell@wesley.com.au)

Jan Risberg, M.D., Ph.D.  
NUI, Norway

Karen B. Van Hoesen, M.D.  
Associate Clinical Professor  
UCSD Diving Medicine Center  
University of California at San Diego  
San Diego, CA, USA

Edmond Kay, M.D., F.A.A.F.P.  
Dive Physician & Asst. Clinical Prof. of Family Medicine  
University of Washington  
Seattle, WA, USA  
[ekay@u.washington.edu](mailto:ekay@u.washington.edu)

Christopher W. Dueker, TWS, M.D.  
Atherton, CA, USA  
[chrisduek@aol.com](mailto:chrisduek@aol.com)

Charles E. Lehner, Ph.D.  
Department of Surgical Sciences  
University of Wisconsin  
Madison, WI, USA  
[celehner@facstaff.wisc.edu](mailto:celehner@facstaff.wisc.edu)

Undersea & Hyperbaric Medical Society  
10531 Metropolitan Avenue  
Kensington, MD 20895, USA

Diver's Alert Network (DAN)  
6 West Colony Place  
Durham, NC 27705



## **ScubaTech Dive Center - Cancellation Policy**

Dear guests,

For all your courses, dive excursions, snorkeling- and boat trips, we organize our schedule according to your wishes and exclusively reserve boat space, guides and instructors for you. We might have to turn other guests down in order to guarantee you a comfortable group size, special dive site requests or your course schedule.

Please be advised of our cancellation policy, **prior** to make any bookings!

### **Courses:**

When you're signing up for any course, we'll ask you to pay the entire amount at the time when we're scheduling your course and reserving the instructor and boat space for you.

If, for any reason (e.g. but not limited to: illness, injury, indecision, weather conditions, etc.), you're cancelling your reservation more than 48 hours before, you'll be refunded 50% of the course price, 50% will be held in as a cancellation fee.

If, for any reason (e.g. but not limited to: illness, injury, indecision, weather conditions, etc.), you're cancelling your reservation less than 48 hours before or you do not appear for this appointment, a 100% cancellation fee is applicable.

If you're enrolled in a course and are cancelling a scheduled session more than 48 hours before, you'll be charged 50% of the value of the scheduled session.

If you're enrolled in a course and are cancelling a scheduled session less than 48 hours before or you do not appear for this appointment, you'll be charged 100% of the value of the scheduled session.

Rescheduling will then take place according to Dive Center logistics.

### **Dive Excursions:**

When you're signing up for any dive excursion, we'll ask you to pay the entire amount at the time when we're scheduling your dives and reserving the instructor and boat space for you.

If, for any reason (e.g. but not limited to: illness, injury, weather conditions, ear problems, sea sickness, etc.), you're cancelling your reservation more than 48 hours before, you'll be refunded or credited towards further dives 50% of the scheduled booking; 50% will be held in as a cancellation fee.

If, for any reason (e.g. but not limited to: illness, injury, weather conditions, ear problems, sea sickness, etc.), you're cancelling your reservation less than 48 hours before or you do not appear for this appointment, a 100% cancellation fee is applicable.

**Snorkeling Excursions, Boat Trips, Sunset Champagne Cruises & Water Sports:**

When you're signing up for a snorkeling excursion, boat trip, sunset champagne cruise or water sports, we'll ask you to pay the entire amount at the time when we're scheduling your excursion and reserving the guide/captain and boat space for you.

If, for any reason (e.g. but not limited to: illness, injury, weather conditions, etc.), you're cancelling your reservation more than 48 hours before, you'll be refunded or credited towards a newly scheduled excursion 50% of the scheduled booking; 50% will be held in as a cancellation fee.

If, for any reason (e.g. but not limited to: illness, injury, weather conditions, etc.), you're cancelling your reservation less than 48 hours before or you do not appear for this appointment, a 100% cancellation fee is applicable.

**I have read, understood and agree to the ScubaTech cancellation policy:**

**Signature:** ..... **Date:** .....

**Signature of parent of guardian (where applicable):** .....

# PADI Open Water Diver Course Record and Referral Form

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Day/Month/Year

Mailing address \_\_\_\_\_ Sex  M  F

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**All PADI Instructors who initial this document must complete an identification section below.**

PADI Instructor \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

PADI Instructor \_\_\_\_\_ Signature \_\_\_\_\_

PADI No. \_\_\_\_\_ Dive Center/Resort No. \_\_\_\_\_ Date \_\_\_\_\_  
Day/Month/Year

Phone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Note: Attach additional sheet for other PADI Instructor information if necessary.**

When referring a PADI Scuba Diver/Open Water Diver student:

- Fill in the diver and PADI Instructor information and note appropriate areas of training completed.
- Attach a copy of the diver's PADI Medical Statement to this form.
- Advise the diver of the need for a photo for certification card processing.
- Encourage the diver to complete training as soon as possible and explain that this form is only valid for one year from the last training module completion date.

## A. Confined Water Dives

Date Completed Day/Month/Year	Instructor ** Initials	PADI #
CW 1* _____	_____	# _____
CW 2 _____	_____	# _____
CW 3 _____	_____	# _____
CW 4 _____	_____	# _____
CW 5 _____	_____	# _____

\* DSD with all CW Dive 1 skills = Open Water Diver CW Dive 1

(Note: If all Confined Water Dives and Watermanship Assessment have been completed by one instructor, only one signature required.)

All Confined Water Dives listed above and the Watermanship Assessment have been completed.

Instructor Signature \_\_\_\_\_ PADI # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*I certify that this student has satisfactorily completed this skill/module/dive as outlined in the PADI Instructor Manual. I am a PADI Instructor renewed in Teaching status for the current year.**

## B. Knowledge Development Course option: RDP Table eRDPML Computer only

Date Completed Day/Month/Year	Completed KR	Passed Quiz/Exam	Viewed Open Water Video	Instructor** Initials	PADI #
Mod 1 ____/____/____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	# _____
Mod 2 ____/____/____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	# _____
Mod 3 ____/____/____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	# _____
Mod 4 ____/____/____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	# _____
Mod 5 ____/____/____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	# _____
OR eLearning Quick Review ____/____/____	_____	_____	_____	_____	# _____

(Note: If all above Knowledge Development sessions have been completed by one instructor, only one signature required)  
 All Knowledge Development sessions listed above have been completed, Quizzes/Exams passed.

Instructor Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## C. Open Water Dives

Date Completed Day/Month/Year	Instructor ** Initials	PADI #	Date Completed Day/Month/Year	Instructor ** Initials	PADI #
Dive 1 ____/____/____	_____	# _____	Dive 3 ____/____/____	_____	# _____
Dive 2 ____/____/____	_____	# _____	Dive 4 ____/____/____	_____	# _____

## Dive Flexible Skills

These skills may be completed during any Open Water Training Dive.

	Completed on	Instructor** Initials	PADI#
1. Cramp Removal	Dive # _____	_____	# _____
2. Tired Diver Tow	Dive # _____	_____	# _____
3. Surface Swim with Compass	Dive # _____	_____	# _____
4. Snorkel/Regulator Exchange	Dive # _____	_____	# _____
5. Safety Stop	Dive # _____	_____	# _____
6. Remove/Replace Scuba (surface)	Dive # _____	_____	# _____
7. Remove/Replace Weights (surface)	Dive # _____	_____	# _____
8. CESA (Dive 2, 3 or 4)	Dive # _____	_____	# _____
9. UW Compass Navigation (Dive 2, 3 or 4)	Dive # _____	_____	# _____

(Note: If all above Dive Flexible Skills have been completed by one instructor, only one signature is required)

All Dive Flexible Skills listed above have been completed.

Instructor Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty diving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by PADI's Standard Safe Diving Practices.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All requirements for certification as a **PADI Scuba Diver** have been met (completion of Knowledge Development sessions 1, 2, 3 Confined Water Dives 1, 2, 3 Open Water Dives 1, 2).

Instructor Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

All requirements for certification as a **PADI Open Water Diver** have been met.

Instructor Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Important Points for the Diver and Instructor

---

### To the Diver

1. Make advance logistical and financial arrangements with a PADI Dive Center, PADI Resort or PADI Instructor to complete your training. Verify that the PADI Instructor(s) who will complete your training is in Teaching status.
2. Take this form, along with a copy of your completed PADI Medical Statement and a photograph to the PADI Dive Center, PADI Resort or PADI Instructor completing your training.
3. This referral form is valid for one year after the last training module completion date, however you should complete your training as soon as possible.
4. Retain this form until you have completed all required training sessions.
5. The PADI Instructor(s) continuing your training will preassess your skills and knowledge and review anything that may be unclear.
6. Upon completion of all required open water dives, you and the PADI Instructor will complete a Positive Identification Card (PIC) envelope. This envelope must be submitted to PADI along with your photo to obtain a certification card.

**NOTE:** After certification, you'll want to continue your diving adventures. Visit your initial PADI Dive Center, PADI Resort or PADI Instructor and ask about participating in a Discover Local Diving experience or another PADI Course.

---

### To the Referring PADI Instructor(s)

1. Fill in the requested information on this form, including the diver's name and address and your contact information. Also, fill in the appropriate areas of training completed before referring the diver.
2. Attach a copy of the diver's PADI Medical Statement to this form. Also advise the diver of the need for a photo for certification card processing.
3. Give the diver the entire form. If possible, assist the diver in making arrangements with a PADI Dive Center, PADI Resort or PADI Instructor for completing training as additional local requirements may apply. Keep a photocopy for your records.
4. Encourage the diver to complete the training as soon as possible. Advise the diver that the form is only valid for one year after the last training module completion date.

---

### To the Receiving PADI Instructor(s)

1. Preassess the diver's knowledge and skills. Be certain that the diver is adequately prepared to continue training.
2. A diver may be referred between any academic module, confined water dive or between Open Water Dives 1-4.
3. Upon completion of each component, initial and date this form in the appropriate area. The diver retains the referral form until the completion of all certification requirements. Retain a photocopy of this form for your records.
4. If you conduct Open Water Dive 4, you are the certifying instructor. Complete and submit a PADI Positive Identification Card (PIC) envelope/Online to PADI for processing. Retain a copy of the completed referral form for your records and forward a copy to the original instructor for his records.

## The Scuba Diver Statement

The PADI Scuba Diver rating allows you to gain experience under direct professional supervision. This agreement defines the limitations of your pre-entry level certification and describes the diving practices necessary for your comfort and safety.

I, \_\_\_\_\_, understand that as a PADI Scuba Diver, I should:

1. Dive under the direct inwater supervision of a PADI Divemaster, Assistant Instructor or Instructor. Listen carefully to dive briefings and respect the advice of those supervising my dive activities. Adhere to the buddy system on every dive.
2. Dive in conditions better than or similar to those in which I was trained. This includes limiting maximum dive depth to 12 metres/40 feet, or receiving additional instruction before diving deeper.
3. Maintain a reasonable fitness level for diving and dive within personal limitations. Avoid overexertion while diving and not dive under the influence of alcohol or drugs.
4. Obtain air fills and dive equipment only from a reputable source, such as a PADI Dive Center or Resort, to avoid contaminated air. Check that the cylinder used is not marked for enriched air (nitrox).
5. Maintain proper buoyancy while diving. Adjust weight for neutral buoyancy at the surface with no air in the BCD and take into account buoyancy changes due to air use during the dive. Establish positive buoyancy by ditching the weight belt and/or inflating the BCD when in distress on the surface.
6. Continue dive education to ensure appropriate training and experience before exceeding the limits of the PADI Scuba Diver rating. Review skills under supervision in a controlled environment after periods of diving inactivity.
7. Breathe properly for diving. Never breath hold or skip breathe when using compressed air.
8. Ascend at a rate of 18 metres/60 feet per minute or slower from every dive and make a safety stop at the end of every dive.
9. Use complete, properly fitting, well-maintained and familiar scuba equipment. Consult a dive professional for advice about and orientation to any unfamiliar equipment.
10. Know and obey local laws and regulations relevant to recreational diving.
11. Understand that I may upgrade to Open Water Diver in order to dive without professional supervision anytime after my Scuba Diver certification date.
12. Understand that deviating from safe diving practices will increase the risk of decompression illness, other injury or death and recognize that for safety and well being PADI Scuba Divers should abide by these recommendations and seek additional information or advice before diving in unfamiliar situations.

---

**QUESTIONS – About how to use the form? Call PADI.**



# 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:  
(Print Name)

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 metres/60 feet per minute. Be a **SAFE** diver – **S**lowly **A**scend **F**rom **E**very 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 signaling 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 have read the above statements and have had any questions answered to my satisfaction. 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)