

# MICRODIVE

## TRAINING PROGRAMME

### LIABILITY & EXPRESS ASSUMPTION OF RISK

**IMPORTANT** – By completing and signing this document you confirm that you are aware of the risks associated with scuba diving and that you are prepared to participate in such an activity at your own risk. It is imperative that you seek clarification on any of the information provided from your instructor should you not understand it. Those under the local legal age for participation must have their parent or guardian complete and sign this document for them. Furthermore that by signing this document of your own free will you are accepting that it is contractual and so its terms should be understood in full prior to you signing.

I confirm that I have been made aware that diving with compressed air involves certain risks including, but not restricted to embolism, decompression sickness, narcosis, barotraumas requiring extensive treatment within a recompression chamber, injuries from interaction with marine life.

I understand that if using my own equipment that it is my responsibility to ensure that it is operating correctly.

I understand that I may be diving in a location, which does not have immediate access to a recompression chamber.

I understand that I must answer all questions on my medical history honestly.

I understand that over-exertion could result in my death such as but not limited to heart attack, narcosis, drowning.

I confirm that by checking the above 5 boxes that I understand fully the inherent hazards of participating in scuba diving activities.

Signed \_\_\_\_\_

#### TOTAL EXCLUSION OF LIABILITY

I understand and confirm that parties including my instructor/s \_\_\_\_\_, the facility through which my training was administered \_\_\_\_\_, Microdive Ltd nor any party involved in the production of any support materials or their design, will be held liable to any degree for any damage, injury or death caused by my personal actions of negligence. I understand that with the exception of negligence on the behalf of the other parties mentioned in this document that I am entering into this activity at my own risk.

I understand that I am personally agreeing to accept all foreseen or unforeseen risks related to this course while participating in it as a student.

#### NOTIFICATION OF PRIOR EXPERIENCE

I understand the age criteria for enrolment on this course and confirm that I meet those criteria.

I confirm that I have a current scuba diver rating of \_\_\_\_\_ through the training agency \_\_\_\_\_ and that to date have been diving for \_\_\_\_\_ years, achieving a total of \_\_\_\_\_ dives to a maximum depth of \_\_\_\_\_ meters / feet

#### TOTAL EXCLUSION OF LIABILITY

FACILITY NAME \_\_\_\_\_ TRAINING AGENCY AFFILIATION \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_ / \_\_\_\_\_

#### STUDENT'S DETAILS

**IMPORTANT.** Do not sign below unless you have read, discussed, understood and agree with the conditions of this document.

STUDENTS NAME (PRINT) \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_

STUDENTS SIGNIATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIANS SIGNIATURE \_\_\_\_\_ DATE \_\_\_\_\_