

Diving Registration Form

◆This form is for your safety; any information supplied will be kept confidential and not used for any other purpose.
Consent form:

I (Participants name) , _____ hereby affirm that I am a certified diver or student diver under the control (passenger/diver) and supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including those hazards occurring during possible boat travel to and from the dive site. I understand that these hazards include, but are not limited to air expansion injuries, drowning, decompression sickness, 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. By signing this release, I certify that I am fully aware of and expressly assume that these risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class. I understand and agree that neither AppreciatePiass Inc., the Instructor, the crew or owner of the vessel, or the owners officers, employees, agents and assigns of the above listed individuals and/or entities (hereinafter Released Parties) may be held liable or responsible in any way for any occurrence on this dive trip which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assignees that may occur as a result of my participation in the boat trip and scuba dive(s) or as a result, whether arising from my, or any party, including the Released Parties, whether passive or active, negligence, gross negligence, or intentional conduct. AppreciatePiass Inc. is an organizer and I agree they are not responsible for any accidents and possible causes of action in any way resulting from or arising out of or in association with my participation in the Experience.

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.

Participants Signature: _____ Date: _____

Parental Authority Signature in the case of minors: _____

Date: _____

Participants Profile

Name: _____ (Male / Female)

Current Address: _____

City: _____ State/Prefecture: _____ Post Code: _____

Date of birth: Year: _____ Month: _____ Day: _____ (Age in years: _____)

Blood type: _____ Occupation: _____

Height: _____ Weight: _____ Shoe Size: _____ Vision: _____

Email address: Mobile: _____ PC: _____

Mobile phone number: _____ Hotel/Accommodation name: _____

Emergency Contact: _____ Phone number: _____

Please select the course you want to participate in:

Experience Diving

Is this your first time scuba diving? Yes No

If no, how many times have you dived: _____

Fan Diving

C card Rank _____ Experience Number: _____ Last Dive date: _____

License number: _____

Medical History Statement:

1: Are you currently taking any medication? If so please write the name here: _____

2: Do you currently have any illness that affects the lungs, brain or heart?

(Such as tuberculosis, epilepsy, etc.) If so, please write the disease here: _____

Have you suffered any related diseases in the past? If so, please write when here: _____

3: Do you currently show any symptoms of hypertension or high blood pressure?

Please write your most recent average blood pressure: High () Low ()

Do you currently receive medication for high blood pressure? If so please write it here: _____

4: Are you currently suffering from any illness not mentioned above? (diabetes, etc.)

Please write the illness and how long you have experienced it: _____

5: If you fall under any of the following items other than the above, please put a check:

cold ingested alcohol in the last 6 hours handover pregnancy

otitis media or empyema lack of sleep extreme fatigue

6: This is not related to the above questions: How do you feel today?

Great! Good Average not very well bad

Participants Signature: _____ Date: (Y/M/D) _____

Parental Authority Signature in the case of minors: _____ Date: (Y/M/D) _____