



STUDENT RECORD

*Please fill out fields and rename the file to include your name. Your booking is not confirmed until this form is submitted and a deposit is paid for the trip.

Personal Contact Information

Name as on passport:	Passport No.:
Passport Expiry Date:	Date of birth:
Nationality:	IC No. (Singaporeans only) :
Home Address:	Contact No.:
Email Address:	Gender:
Referred By:	Existing Travel/Diving insurance:
Occupation:	

Emergency Contact Information

Name:	Telephone No.:
Address:	Relationship:

Special Requirement/Remarks

Remarks:



MEDICAL STATEMENT

Participant Record
 (Confidential Information)
 www.padi.com

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by

_____ and Living Seas
Instructor
 located in the city of Singapore.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical history section, to enroll in the scuba-training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe.

When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your instructor before signing.

MEDICAL HISTORY

To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- | | |
|---|---|
| <input type="checkbox"/> Could you be pregnant or are you attempting to become pregnant? | <input type="checkbox"/> Do you frequently suffer from motion sickness (seasick, carsick, etc.)? |
| <input type="checkbox"/> Do you regularly take prescription or nonprescription medications? (with the exception of birth control) | <input type="checkbox"/> History of diving accidents or decompression sickness? |
| <input type="checkbox"/> Are you over 45 years of age and have one or more of the following? | <input type="checkbox"/> History of recurrent back problems? |
| <ul style="list-style-type: none"> • currently smoke a pipe, cigars, or cigarettes • have a high cholesterol level • have a family history of heart attacks or strokes | <input type="checkbox"/> History of back surgery? |
| | <input type="checkbox"/> History of diabetes? |
| | <input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture? |
| | <input type="checkbox"/> Inability to perform moderate exercise (example: walk one mile within 12 minutes)? |
| | <input type="checkbox"/> History of high blood pressure or take medicine to control blood pressure? |
| | <input type="checkbox"/> History of any heart disease? |
| | <input type="checkbox"/> History of heart attacks? |
| | <input type="checkbox"/> Angina or heart surgery or blood vessel surgery? |
| | <input type="checkbox"/> History of ear or sinus surgery? |
| | <input type="checkbox"/> History of ear disease, hearing loss or problems with balance? |
| | <input type="checkbox"/> History of problems equalizing (popping) ears with airplane or mountain travel? |
| | <input type="checkbox"/> History of bleeding or other blood disorders? |
| | <input type="checkbox"/> History of any type of hernia? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> History of ulcers or ulcer surgery? |
| <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy? | <input type="checkbox"/> History of colostomy? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> History of drug or alcohol abuse? |
| <input type="checkbox"/> Any form of lung disease? | |
| <input type="checkbox"/> Pneumothorax (collapsed lung)? | |
| <input type="checkbox"/> History of chest surgery? | |
| <input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)? | |
| <input type="checkbox"/> Behavioral health problems? | |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | |
| <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them? | |
| <input type="checkbox"/> History of blackouts or fainting (full/partial loss of consciousness)? | |

The information I have provided about my medical history is accurate to the best of my knowledge.

 Participant's Signature

 Date (day/month/year)

 Signatures of Parent or Guardian (where applicable)

 Date (day/month/year)



STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

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.
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 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. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.
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-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
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 under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving 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)

Signatures of Parent or Guardian (where applicable)

Date (day/month/year)



RELEASE AND WAIVER OF LIABILITY AGREEMENT

IN CONSIDERATION of the opportunity afforded to me to participate in actual scuba diving, with SCUBA gear, or other underwater apparatus, such opportunity afforded to me at my specific request, in recognition of the possible dangers to which I may voluntarily subject myself in participating in scuba diving, with SCUBA gear, or other underwater apparatus, or in participating in other aquatic or recreational activities.

I, the undersigned, _____ (PRINT YOUR FULL LEGAL NAME CLEARLY HERE) being over the AGE OF EIGHTEEN (18) years, HEREBY AGREE AS FOLLOWS:

- 1. Knowingly, freely and voluntarily, for myself, my heirs, personal representatives and assigns, WAIVE any claim, right or cause of action, of any kind whatsoever, arising as a result of my participation in scuba diving, with SCUBA gear, or any other underwater apparatus, or other activity, in any and all springs or waters in which Living Seas conducted its activities, from which any liability may or could accrue to Living Seas, their representatives, officers, directors, employees and/or agents;
2. Assume all risks of injury to myself, including death by drowning or other accident, and to my property, while present or participating in scuba diving, or in any activities incidental thereto;
3. For myself and my heirs, personal representatives, or assigns, from the date of this release and waiver agreement, and forever hereafter, hold the said Living Seas, harmless and blameless for any injury or death to myself, including death occasioned by my participation in or around, or presence at, scuba diving activities, whether resulting by or through the negligence of Living Seas, their representatives, officers, directors, employees and/or agents. Should I, my heirs, personal representatives or assigns, institute any action against Living Seas, arising out of injury to myself or property, as a result of scuba diving, or other activity, then and in that event, I for myself and my heirs, legal representatives and assigns, HEREBY AGREE to pay all costs of such action, including attorneys fees incurred by Living Seas.
4. For myself and my heirs, personal representatives, spouses, descendents, or assigns, I hereby agree not to sue or bring any judicial action, directly or indirectly, against Living Seas, their representatives, officers, directors, employees and/or agents relating to or arising out of the activities described in this Agreement.
5. But for this Agreement, Living Seas, their representatives, officers, directors, employees and/or agents, would not permit the undersigned or guests to utilize the Living Seas, premises or facilities, their representatives, officers, directors, employees and/or agents' facilities, land, water or other rights and property.

Participant's Signature

Date (day/month/year)

Signatures of Parent or Guardian (where applicable)

Date (day/month/year)