

## Pro-Dive Central Coast Diver Statement

Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Town \_\_\_\_\_ Post Code: \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency No. \_\_\_\_\_  
Qualification Level: \_\_\_\_\_ Training Agency: \_\_\_\_\_  
No. Of dives to date: \_\_\_\_\_ Date last dived: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dates diving with Pro-Dive Central Coast from: - \_\_\_\_/\_\_\_\_/\_\_\_\_ to: - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Card sighted by staff  Initial \_\_\_\_\_

1. I understand and state that I am physically and mentally capable and trained to participate successfully in open sea condition diving. I further acknowledge that Pro-Dive Central Coast will give no refunds for seasickness, inability to equalize or for any other reason that prevents an individual from participating fully.
2. I have no medical condition that would affect my ability to safely dive and I am not taking any medication that has not been approved by my physician for diving. I am not currently under the effect of alcohol or drugs.
3. I will not fly within 24hrs from surfacing after my last dive.
4. I warrant that as a certified diver my skill levels are at least equal to a newly certified open water diver. I understand that dive guides supplied by Pro-Dive Central Coast are solely to enhance my diving experience and not because such guidance is required to compensate for my lack of diving skill.
5. Pro-Dive Central Coast may cancel or change trip destinations at any time due to weather or any other unforeseen circumstances.
6. I will follow the direction of Pro-Dive Central Coast staff at all times to ensure a safe and fluid operation. I will listen to all briefings and seek advice if I don't understand any part of the brief.
7. I take the responsibility for checking the safe and correct operation of my dive equipment prior to diving whether Pro-Dive Central Coast or myself provide the equipment. I will carry and know how to use the following: - safety sausage, whistle and underwater timing device.
8. I take responsibility for the planning of my dive and when diving my plan within safe no decompression limits.
9. By signing this statement, I agree to release Pro-Dive Central Coast, its employees/ contractors or associated agents from being sued for personal injury, wrongful death or damage to personal equipment. I am fully aware of the contents of this form and have clearly read and understood all the above points.

**When I am undertaking a dive on the EX-HMAS Adelaide, I understand that my first dive will be an orientation dive with a guide. No penetration will be allowed. Penetration dives are not to be undertaken if the sea conditions, visibility or diver ability are not seen as adequate by Pro-Dive Central Coast.**

**Please read and sign the consent area that applies to you.**

As an Open water diver I am competent to dive to 18 metres with a dive partner. If conditions allow me to dive with my dive partner independently, I will stay within the limits of my qualification. <b>Penetration dives only with a guide</b> Signature _____ Date ____/____/____
As an Advanced / Adventure diver, I am competent to dive to 30 metres. If conditions allow me to dive with my dive partner then I agree to stay within the limits of my qualification. <b>Penetration dives only with a dive guide.</b> Signature _____ Date ____/____/____
As an experienced suitably trained diver, I possess the necessary qualifications and/or extensive experience in diving to depths beyond 18metres. I am competent enough to participate in my planned dive and carry all the appropriate equipment necessary for this dive. Signature _____ Date ____/____/____

**Fill out the address below and we will send you further information of our activities.**

Email address: \_\_\_\_\_