



# Nautic Team Gozo

## Divers Registration Form

I, \_\_\_\_\_, the applicant, accept the following rules and conditions:

1. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during the activity, 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 dive school responsible for the same. 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 I may not dive if I suffer from one of the following diseases: high blood pressure, any other heart diseases, epilepsy, lung or breathing diseases, blood clotting, being a hemophiliac, ear, eye or sinuses problems. I am aware that I could be unfit to dive if I have or develop any of the following conditions: colic, sinusitis, or breathing problems, acute migraine or headache, any kind of surgery within the last 6 weeks, if I am under influence of alcohol, drugs or medication effecting the ability to react, fever, dizziness, nausea, vomiting and diarrhea, problems equalizing, acute gastric ulcers, pregnancy. I further declare not to suffer from any other disease that may cause problems while undertaking scuba diving.
2. The equipment owned by the dive school is maintained on a regular basis and functions reliably. Nevertheless I am obliged to inspect it for correct fit and function prior to each dive.
3. The dive school recommends concluding third liability insurance and personal accident insurance.
4. Minimum age is 8 years (CMAS children course, max. depth 5 m). The dive school requires written agreement form parent(s) or legal guardian for minor applicants.
5. The applicant shall listen carefully to dive briefings and directions and respect the advice of those supervising the diving activities. Solo dives are not permitted. Max depth is 40 m. Decompression dives are not permitted. In case I do not follow the supervisors' directions, I risk to be disqualified from any further diving activities.
6. The dive school can ask a check dive from each diver.
7. The dive school will not refund any fees if a diving course is not finalised or if the applicant fails.
8. The dive school is not liable for loss, damage or theft. If the applicant damages or loses equipment, the dive school will charge market prices.
9. Neither the dive school nor the driver of the vehicle is liable for any injuries or damages that may occur during the transfers to the dive sites (bus and/or boat).

### Application

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Street, Number:** \_\_\_\_\_

**Postal code, address:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Tel.:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Your diving association** CMAS, PADI, BSAC, SSI, etc.:

**Your diving qualification** OWD, AOWD, Sportsdiver, etc.:

**Number of dives in the past:** \_\_\_\_\_

**Last dive** (month, year) \_\_\_\_\_

**Specialities** Nitrox, Wreck, Night, etc.:

**Hotel/Appartm./Room number:** \_\_\_\_\_

**Departure date:** \_\_\_\_\_

**Emergency contact details** full name, address, telephone, relationship:

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **For applicants under 18 years of age:**

I, the undersigned, being the parent or legal guardian of the above named applicant, do hereby give consent that he/she may undertake diving related activities in Malta.

**Date:** \_\_\_\_\_ **Printed full name** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_