

Aore Adventure Sports & Lodge DIVER RECORD FORM

Personal Information *(please print clearly)*

First Name: _____ Room #: _____

Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile ph.: _____ Phone (home): _____

Email: _____

Date of Birth: ____ / ____ / ____

Emergency Contact (name): _____

Emergency Contact (phone) _____

Travel / Dive Insurance Company & Policy _____

Travel / Dive Insurance Emergency contact _____

Diving History *(Must complete in full)*

Maximum depth dived: _____

Have you dived the Coolidge before? _____ Date ____ / ____ / ____

Qualification Level: (please select) Open Water Advanced Rescue

Dive Master Instructor

Name of Certification Agency: (please select) PADI SSI NAUI BSAC

OTHER _____

Certification Number: _____

Number of dives: _____ (Approx)

Date of last dive: ____ / ____ / 20____

If completing a night dive have you had night diving experience (please select)? YES ____ NO ____

(if yes when & where)

When: ____ / ____ / 20____

Where: _____

I give permission for Aore Adventure Sports & Lodge to use any photos taken by them of you for promotional purposes & they can contact you in relation to relevant dive information in the future.

All information listed above is true and correct.

Signed: _____ Date: ____ / ____ / 20____

1. Warranty of Ability - I understand that each person who signs up for a dive trip with Aore Adventures Ltd (trading as Aore Adventure Sports & Lodge) warrants that he or she is physically and mentally capable of participating successfully in that activity. I further understand and agree that Aore Adventures Ltd (trading as Aore Adventure Sports & Lodge) will give no refunds for seasickness, inability to equalize, cold, fatigued or for any other reason that prevents an individual from participating fully. 2. I further understand that any underwater guide service provided by Aore Adventure Ltd (trading as Aore Adventure Sports & Lodge) is done solely to enhance my enjoyment and not because such guidance is required to compensate for lack of ability on my part. If I do not believe that I have maintained at least the same level of ability as a competent certified diver, I understand that I should take part in a refresher course before participating in any dive trip with Aore Adventure Sports & Lodge. I understand some dives may require decompression stops and I have the ability & skills required to complete this type of dive, whether planned or in the case of an emergency. I am aware some planned dives have a depth of up to 60m & I am willing to participate in such dives. 3. Minors - I understand that a parent or guardian must sign all minors' forms. 4. Possible changes - I understand that the scheduled dive destinations are subject to weather and conditions, and Aore Adventure Sports & Lodge reserves the right to cancel dive trips or change destinations at any time. I further understand that some dive trips may be cancelled at any time due to lack of sufficient participation. I will not fly for a minimum of 12hrs after a single dive or 18hrs after a double dive.

LIABILITY RELEASE FOR SUPERVISION OF CERTIFIED DIVERS: This is a release of your rights to sue Aore Adventure Ltd trading as Aore Adventure Sports & Lodge and its employees, agents and assigns for personal injuries or wrongful death that may occur during the forthcoming dive activity as a result of the inherent risks associated with scuba diving or as a result of negligence. 1. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELEASE AORE ADVENTURES LTD TRADING AS AORE ADVENTURE SPORTS & LODGE AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE. 2. I affirm that I am in good mental and physical fitness for diving. I am not under the influence of alcohol, nor am I under the influence of drugs which are contradictory to diving. If I am taking medication, I affirm that I have seen a diving physician and have approval to dive while under the influence of the medication/drugs. 3. I am aware that I will be diving with a buddy and it will be our responsibility to plan a dive allowing for our limitations and the prevailing water conditions. I will not hold the above listed businesses and individuals responsible for my failure to safely plan my dive. 4. I will inspect all of my equipment (personal & hire) prior to the activity and will notify the above listed businesses and /or individuals if any of my equipment is not working properly. I will not hold the above listed businesses or individuals responsible for my failure to inspect all equipment used by me prior to diving. 5. I acknowledge that I am physically fit to scuba dive, and I will not hold the above listed businesses nor individuals responsible if I am injured while diving including but not limited to those as a result of heart, lung, ear, skeletal or circulatory problems or other illnesses. 6. I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, aspirating water etc., that I expressly assume the risk of said injuries and that I will not hold the above listed businesses nor individuals responsible for the same. 7. I also understand that on this open water diving trip, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot. I also take full responsibility for all evacuation and medical costs if required. Port Vila has the closest hyperbaric chamber, dive insurance is recommended and I understand some policies do not cover depths below 30m. 8. I understand that certain physical conditions are absolute contraindications to scuba diving. I affirm that I do not have any of the following conditions (or have been cleared by a diving doctor): Congestive heart condition, History of Seizures, active Asthma, Pregnancy, Insulin Dependent Diabetes, or history of ear problems. I am not extremely over weight or out of condition. My circulatory and respiratory systems are in good health and my body air spaces are normal. I will not hold Aore Adventures Ltd trading as Aore Adventure Sports & Lodge nor any individuals responsible for my failure to disclose these conditions. 9. I acknowledge that I am a certified diver trained in safe diving practices & will listen to and follow all dive briefs and directives in full. 10. I am aware of the risks inherent in this sport and accept these risks & am also aware some planned decompression dives are to 60m and that I have the skills & ability to complete such dives. 11. I am aware of the dangers of breath holding while scuba diving, and will not hold Aore Adventures Ltd trading as Aore Adventure Sports & Lodge and related entities (such as employees, instructors, certified assistants, boat operators, or diver training agencies) responsible if I am injured doing so. 12. I understand that even though I follow all the appropriate dive practices, there is still some risk of my sustaining decompression sickness, embolism, or other barotraumas, and I expressly assume the risk of such injuries. 13. I also expressly assume the risk and accept the responsibility to plan my dive and my dive plan along with completing any mandatory or emergency decompression stops that are required. 14. If I damage or lose any hire equipment I am liable for all replacement costs of such at full retail price. BY THIS INSTRUMENT, I AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO , PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature: _____ Date: _____/_____/_____

Witness: _____ Date: _____/_____/_____

Parent or Guardian: _____ Date: _____/_____/_____