

# CERTIFIED WAIVER

## Participant Form

To: Quicksilver Connections Ltd ABN 26 010 434 269, 19 Warner Street, PO Box 171 Port Douglas Queensland 4877 (including their directors, officers, employees, agents and independent contractors (collectively and severally referred to as Quicksilver Connections).

PLEASE PRINT LEGIBLY

Name : ..... Date of Birth (day/month/year) : ...../...../.....

\*\*Are you over 18 years old YES / NO

Mailing Address : .....

Home Phone : ..... Local Accommodation : .....

Emergency Contact Name : ..... Emergency Phone Number : .....

Email Address : .....

Quicksilver Connections acknowledges and respects the privacy of individuals. With your consent, we collect details of participants to advise you of upcoming events and activities and to improve our service to you. Please inform us if you do not want us to store this information or contact you for this purpose.

Please do not retain my contact details

The provision of your email address is voluntary and we acknowledge that information may be personal as defined by the Privacy Act 1988.

### DIVING EXPERIENCE

Level of Certification	_____	Certification Agency (eg PADI, NAUI)	_____
Total number of dives to date	_____	Date of Certification (day/month/year)	____/____/____
Date of last dive (day/month/year)	____/____/____	Total number of dives during past 12 months	_____
Have you dived in the ocean before?	YES / NO	Are you flying within 24 hours?	YES / NO
Have you dived when surface conditions were other than calm?	YES / NO	Have you dived in a current before?	YES / NO

Is there any other condition, fact or circumstance that may affect your fitness or ability to dive YES / NO

If YES please supply details : \_\_\_\_\_

I have been advised a 12 hour surface interval for 1 dive and a 24 hour surface interval for 2 or more dives has been highly recommended.

Do you confirm that any personal dive equipment in use, including but not limited to BCD vest, regulators and dive computer have been serviced in accordance with Australian standards and manufacturer's recommendations, and are in good working order? YES / NO

1. Since completing your last dive medical assessment have you suffered any illness or injury or surgery that may affect your ability to dive safely? YES / NO
2. Are you currently suffering any illness or injury? YES / NO
3. Are you currently taking any prescription medicine other than the contraceptive pill? YES / NO
4. Do you suffer from any other medical or physical condition relevant to diving? YES / NO

Please provide details: .....

If you are unsure about any of these questions, the impact of any medical condition or your current fitness to dive please provide detail and consult with the dive supervisor.

