



# Club Diver Registration Form

## **Details**

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Certification Level: \_\_\_\_\_ Dives: \_\_\_\_\_  
Date of Last Dive : \_\_\_\_\_ Check by: \_\_\_\_\_

## **Emergency Contact**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Medical Information**

Do you suffer from any medical or physical condition that may affect your diving? Yes/No

Do you suffer from any allergies? Yes/No

If you have answered yes to either question please state what this is: \_\_\_\_\_

## **Equipment Hire Profile**

Wetsuit: \_\_\_\_\_ Mask: \_\_\_\_\_ Weights: \_\_\_\_\_  
Boots: \_\_\_\_\_ Fins: \_\_\_\_\_ BCD: \_\_\_\_\_  
Regs: \_\_\_\_\_ Tank: \_\_\_\_\_

## **What are You Interested In?**

NZ Dive Trips	<input type="checkbox"/>	International Dive Trips	<input type="checkbox"/>	Freediving	<input type="checkbox"/>
SCUBA Diving	<input type="checkbox"/>	Dive Training	<input type="checkbox"/>	Hunting	<input type="checkbox"/>
Clean Ups	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Tech Diving	<input type="checkbox"/>

What type of courses interest you? \_\_\_\_\_

What type of diving interests you? \_\_\_\_\_

**How Did You Hear About Us:** \_\_\_\_\_

I agree that Dive HQ Wellington can contact me periodically with diving related updates

**FOLLOW US on [www.facebook.com/groups/DiveClubWellington](https://www.facebook.com/groups/DiveClubWellington)**



## Non-Agency Disclosure and Acknowledgment Agreement

In European Union and European Free Trade Association countries use alternative form.

**Please read carefully and fill in all blanks before signing.**

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of \_\_\_\_\_ store/resort and/or the instructors and divemasters associated with the activity.

## Liability Release and Assumption of Risk Agreement

In European Union and European Free Trade Association countries use alternative form.

**Please read carefully and fill in all blanks before signing.**

I, \_\_\_\_\_ Participant Name, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

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 the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), \_\_\_\_\_ store/resort the facility through which I receive my instruction,

nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

**I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (Day / Month / Year)

\_\_\_\_\_  
Signature of Parent or Guardian (where applicable)

\_\_\_\_\_  
Date (Day / Month / Year)