DIVER REGISTRATION FORM

Heron Island Resort

Surname:	First Name:	Initial:	Room #	Departure Date:
Are you Flying YES / NO	Time & Date of Flight:	Have you pre booked dives? YES / NO	No. Dives to Date	Certification level:

Office Use Only												
ITEM:	**Equip #**	**Price**	/	/	/	/	/	/	/	/	/	/
Regulator		30.00										
BCD		25.00										
Mask/Snorkel		FOC										
Prescription Mask		DEPOSIT										
Dive Fins		FOC										
Snorkel Fins		FOC										
Shortie Wetsuit		20.00										
Long Wetsuit		25.00										
Private DM		150.00										
DIVE PACKAGE: (Office use only – please do not circle dive times)	**HIRE TOTAL:**											
	0900		95	95	95 / 70	95 / 70	95 / 70	70	70	70	70	70
	1100		95	95	95 / 70	95 / 70	95 / 70	70	70	70	70	70
	1430		95	95 / 70	95 / 70	95 / 70	95 / 70	70	70	70	70	70
	Night Dive		150	150	150	150	150	150	150	150	150	150

Employee Acknowledgement - To be completed fully by Dive Staff BEFORE anyone can dive

CERT CARD Sighted & Checked		SAFETY PROCEDURES discussed: (lost buddy & recall) EQUIPMENT: whistle & SMB location shown. Snorkel required by QLD law		MEDICAL ASSESSMENT REQUIRED	Y	N
DIVER ACKNOWLEDGEMENT - signed		RELEASE & INDEMNITY - Completed & signed		REFRESHER DIVE REQUIRED	Y	N

Other information to brief divers

How to Book Dives		Dive Master / Ratios / Brief		Office Hours		Diving – Flying 24hrs	
Cancellation Policy		Certification Depth		Wash Down / Storage		Medical Considerations	
Tanks / Weights		Departure Time/Place		Dust Caps / Flooded and Screw Fees		Equipment Charges	

Registering Staff Name:	Signature:	Date: / /	Snorkel Brief	

Valid from 01.04.2025

ALDESTA HERON ISLAND RESORT PTY LTD, HERON ISLAND AUSTRALIA
RELEASE AND INDEMNITY FORM
PLEASE READ THIS FORM CAREFULLY – IT AFFECTS YOUR LEAGAL RIGHTS

Any person (hereinafter the "**Participant**" wishing to participate in any recreational activity identified on the form below("**Activity**") must complete and sign this form and return it to Heron Island Activities officer before participating in that activity. If the participant is under 18 years old, this form must be signed on behalf of that participant by his or her legal guardian. For the purposes of this form, Aldesta Heron Island Resort Pty Ltd, (ABN 51 137 854 721) their respective subsidiaries and their officers, employees, agents and contractors are collectively referred to as "Aldesta Heron Island Resort".

A $30 booking fee will be charged to your room per person should you NOT show up for your Diving trip. This fee is non-refundable (conditions apply). The resort holds a 2 hour cancellation policy.

In consideration of Aldesta Heron Island Resort Pty Ltd permitting the participant to participate in the activity or use goods and services supplied in connection with the activity, the participant hereby agrees to the following terms and conditions:

a) The participant acknowledges and agrees that in undertaking the activity, the participant exposes himself or herself to certain risks and dangers and that the participant is aware of the nature of all such associated risks and dangers. The participant accepts responsibility of and assumes all risks and dangers associated with participating in the activity and the use of goods and services supplied to or on behalf of Aldesta Heron Island Resort Pty Ltd in connection with the activity.
b) The participant agrees at all times during the course of the activity to conduct himself or herself in a safe manner (including without limitation following any instructions and safety advice given by Aldesta Heron Island Resort Pty Ltd and to take all reasonable measures in order to protect his or her safety as well as the safety of other participants, Aldesta Heron Island Resort Pty Ltd and its property.
c) To the full extent permitted by law, the participant agrees to release, indemnify and hold harmless Aldesta Heron Island Resort Pty Ltd from all liability, actions, debts, claims and demands of any kind incurred whether arising under common law or statute and whether arising directly or indirectly from participation by the participant in the activity, or use of any goods and services by the participant in connection with the activity, including without limitation, all liability for death or personal injury, loss or damage to any property and all liability for indirect or consequential loss or damage including without limitation economic loss.
d) Where the participant participating in the activity is under 18 years of age and this form is signed by an adult accompanying the participant the adult signing this form warrants the he or she is the legal guardian of the participant and agrees personally to indemnify and hold harmless Aldesta Heron Island Resort Pty Ltd from all liability, actions, debts, claims and demands of any kind incurred whether arising under common law or statute and whether arising directly or indirectly from participation by the participant in the activity, or use of any goods and services by the participant in connection with the activity, including without limitation, all liability for death or personal injury, loss or damage to any property and all liability for indirect or consequential loss or damage including without limitation economic loss.
e) The terms and conditions set out in this form are governed by the laws of the state in which the activity is undertaken by the participant.

By signing this form, the participant and where that participant is under the age of 18, the legal guardian of that participant on their behalf acknowledges and agrees to accept the terms and conditions set out in this form.

ACTIVITY: **Snorkelling / Diving**	
NAME OF RESORT: **Aldesta Heron Island Resort**	
FULL NAME OF PARTICIPANT:	
SIGNATURE OF PARTICIPANT:	DATE:
SIGNATURE OF LEGAL GUARDIAN (if the participant is under 18 years old)	DATE:

COMPLETION OF THIS FORM WILL ASSIST US TO ENSURE YOUR SAFETY & ALLOW US TO MEET OUR LEGAL OBLIGATIONS UNDER THE SAFETY IN RECREATIONAL WATERS ACTIVITIES ACT 2011 & CODE OF PRACTICE 2018

PERSONAL DETAILS					
Surname:	First Name/s:	DOB: / /	Age:	Room #	Male / Female / Other

DEPARTURE DETAILS		
Date:	Method:	Fly Time:

SCUBA EQUIPMENT REQUIRED (NB: Weight belts & tanks supplied)

❑ BCD ❑ Regulator ❑ Fins ❑ Mask/Snorkel ❑ Wetsuit

CERTIFICATION DETAILS			
Agency: (PADI / SSI / NAUI)	Level of Certification: (Open Water / Advanced)	Country of Certification:	Date of Certification:

DIVE EXPERIENCE			
Total number dives:	No. Dives in last **12** months:	Date of Last Dive:	Depth of Deepest Dive:

MEDICAL DETAILS

Have you suffered, or <u>do you NOW suffer</u> from any of the following? (e.g a condition has developed since certification?)

	Yes / No		Yes / No
Asthma or wheezing		Ear surgery	
Brain, spinal cord or nervous disorder		Neurological: Strokes, fainting, blackouts, seizures	
Chest surgery		Heart disease of any kind	
Chronic bronchitis / persistent chest complaint		Recurrent ear problems when flying	
Collapsed lung (pneumothorax)		Tuberculosis / other long-term lung disease	
Diabetes mellitus (sugar diabetes)		Anxiety or panic attacks	
Are you currently suffering from any of the following?	Yes / No		Yes / No
Breathlessness		Other illness/operation within the last month	
Chronic ear discharge or infection		Perforated eardrum	
High blood pressure		Are you pregnant, or is there a possibility that you may be?	
Are you currently taking any prescription medication (excluding oral contraceptives or anti-malarials)?		⇨ *If yes, please state:* _____	
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?			

PLEASE NOTE: - Any other chronic disease or illness may also increase the health & safety risks associated with diving. Prior to diving, please discuss any such illnesses with a Diving Medical Practitioner to ascertain your personal risk.

DIVER ACKNOWLEDGEMENT

- I hereby certify that I understand that this is a legal document and the information that I have provided is true and correct, & false information may put my own or other divers' safety at risk.
- If I have not completed a dive in the last 12 months**,** I agree to pay to complete a 'Refresher Course' provided by the Resort.
- If I lose the 1st stage screw from the regulator, I agree to pay a replacement cost of $25. If I flood the 1st stage of the regulator, I agree to pay a $50 service fee.
- Due to the health and safety risk associated with diving after the consumption of alcohol I will refrain from consuming alcohol within the eight (8) hours prior to diving, or alternatively be excluded from diving activities.
- I hereby certify that I am medically fit to dive and have disclosed all details regarding my current medical status and medications. Should I acquire a temporary or permanent illness (e.g. colds, flu, ear infections) after the completion of this form I will notify the Dive Instructor prior to engaging in diving activities. I authorise Heron Island Resort Pty Ltd employees to consult with Diving Medical Practitioners as they deem necessary.
- I understand that I will not be permitted to dive during the 24 hours prior to departure by air.
- I agree to follow the instruction of Aldesta Heron Island Resort Pty Ltd employees who will provide directions as they deem necessary to ensure the health and safety of myself, and other Aldesta Heron Island Resort Pty Ltd guests and employees.

Diver Signature:	Date:	
Accompanying Adult Signature: (if under 18 years of age)	Date:	