PADI DISCOVER SCUBA DIVING / DIVE COURSE REGISTRATION FORM

PERSONAL DETAILS									
Date of Birth:		Room #:			☐ Male				
Surname:		First Name/s:			☐ Fe	emale			
					□ O₁	ther			
DEPARTURE DETAILS									
Date: Method:				Fly Time:					
MEDICAL QUESTIONS									
As per the Recreational Diving, I				elling Code of Pract	ice 201	8			
7						YES	NO		
Could you be pregnant?									
Are you presently taking prescription medications? (With the exception of birth control or									
anti-malarial medication)									
Are you over 45 years of age?									
Is your BMI over 30 AND your waist circumference greater than 102 cm for males and 88									
cm for females? (Please see BMI Chart)									
Have you I			you CURRENTLY	/ have:					
	YES	NO				YES	NO		
Asthma, or wheezing with breathing, or wheezing with exercise?			Back or spinal surg	gery?					
Frequent or severe attacks of hay fever allergy?	or		Diabetes?						
Frequent colds, sinusitis or bronchitis?			Back, arm or leg pi	roblems following					
			surgery, injury or fr						
Any form of lung disease?			High blood pressur	re or take medicine to					
			control blood press	sure?					
Pneumothorax (collapsed lung)?			Heart disease?						
Other chest disease or chest surgery?			Angina, heart surgesurgery?	ery or blood vesse	el				
Behavioural health, mental or psychological			Heart attack?						
problems (Panic attack, fear of closed or									
open spaces)?			C:						
Epilepsy, seizures, convulsions or take medications to prevent them?			Sinus surgery?						
Recurring complicated migraine headaches			Ear disease or sur		or				
or take medications to prevent them?			problems with bala						
Blackouts or fainting (full/partial loss of			Recurrent ear prob	olems?					
consciousness)? Frequent or severe suffering from motion	'n		Bleeding or other b	alood disorders?					
sickness (seasick, carsick, etc.)?	,,,,		Dieeding of other t	nood disorders:					
Dysentery or dehydration requiring med	lical		Hernia?						
intervention?									
Any dive accidents or decompression			Ulcers or Ulcer Sur	rgery?					
sickness?									
Inability to perform moderate exercise			A Colostomy or Ile	ostomy?					
(example: walk 1.6 km/one mile within 1	12								
mins.)?	in		Poorostional druce	uoo or trootee ant f	or or				
Head injury with loss of consciousness the past five years?	11 1		Recreational drug alcoholism in the p		oi, oi				
Recurrent back problems?			Other Neurological						
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ALDESTA HERON ISLAND RESORT PTY LTD, HERON ISLAND AUSTRALIA

RELEASE AND INDEMNITY FORM

PLEASE READ THIS FORM CAREFULLY - IT AFFECTS YOUR LEGAL 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 Aldesta 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.
- 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 quardian 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: Discover Scuba Diving / Open Water Course					
NAME OF RESORT:	Aldesta Heron Island Resort				
FULL NAME OF PARTICIPA	ANT:				
SIGNATURE OF PARTICIPA	ANT:	DATE:			
SIGNATURE OF LEGAL GU	JARDIAN	DATE:			
(if the participant is under 18	years old)				