



# KIWIDIVER BOOKING FORM

## FOR DIVE COURSES & TRIPS

Course / Trip: \_\_\_\_\_

Course / Trip date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hotel on Phuket: \_\_\_\_\_ Tel.: \_\_\_\_\_

Email: \_\_\_\_\_ Phone/Mobile: \_\_\_\_\_

### Preferred Language

English

French

German

Danish

Russian

Other \_\_\_\_\_

Dive Certification: \_\_\_\_\_ No. of Dives: \_\_\_\_\_ Last Dive (Date): \_\_\_\_\_

Do you have a valid diving insurance?  Yes  No

Do you want to purchase diving insurance?  Yes  No

daily (200 baht)  1 week (1,000 baht)  2 weeks (1,600 baht)  1 month (1,800 baht)

I hereby certify and acknowledge I understand my acceptance on a diving tour & courses organized and conducted by Kiwidiver Co.,Ltd., Phuket, Thailand, is predicated on my assurance I am physically fit to engage in scuba diving, and I am a certified scuba diver. I fully understand the risk of scuba diving, of living and/or travelling on board a ship and the possible dangers arising from the forces of nature, and I am prepared to assume such a risk.

In order for Kiwidiver to accept me as a member of the aforementioned diving tour & course, I hereby release and absolve Kiwidiver, its agents, employees and invitees thereof from any and all damages resulting from death or personal injuries, including loss of services, which I may sustain on account of, arising from, or in connection with the aforementioned diving tour & course or from the owner ship, maintenance, use, operation or control of any automobile, ship, boat, water sport equipment or otherwise.

I further understand that the remoteness of the destination, local custom and/or prevailing weather conditions may cause minor inconvenience or modification to the diving portions of the tour, and Kiwidiver reserves the right to modify and/or cancel diving arrangements due to unfavorable weather conditions and/or technical difficulties.

### Term and Condition for booking course with Kiwidiver

1. Candidates agree to abide by the rules and guidelines laid out by Kiwidiver and its instructor in all diving matters.
2. Kiwidiver reserves the right to delay, postpone or cancel a course; no liability can be accepted by Kiwidiver for loss or expense incurred.
3. Candidate must complete all relevant paper work before any diving activity can take place.
4. Candidate using any equipment that is the property of Kiwidiver must return equipment in the same condition and are financially liable for any damage to item (s), loss of item (s) or left of item (s).
5. Candidate wishing to use their own equipment must have it approved by Kiwidiver to make sure it is suitable.
6. Kiwidiver can not be held responsible if your negligence cause personal injury and/or damage to equipment.
7. Kiwidiver can not issue any refunds or course fees.
8. If a candidate is unable to attend or complete a course, Kiwidiver maintains the right to continue the course as and when it is suitable to Kiwidiver.
9. I agree that reasonable time will be allocated to my training but I understand that if I require additional training I will be financially liable for this additional instruction.
10. I understand that course are performance related if I do not reach a standard considered suitable by Kiwidiver, I could fail the course and still be liable for the full course fee.
11. I agree to complete knowledge review before diving activities, failure to do so may result in Kiwidiver re-scheduling diver training.

This liability waiver contract signed by me is in entirely subject to the terms and conditions above, which have been read, understood and unconditionally agreed to. I further agree to strictly observe and comply with the additional terms and regulations that Kiwidiver or any of its employees may deem necessary or needful during the course of the diving tour or training.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Statement

Please read carefully before signing

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by Kiwidiver located in the city of Phuket and state of Thailand.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are a minor, you must have this statement signed by parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweighted or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body airspace must be normal and in healthy conditions. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your instructor before signing.

## Medical History

To the participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational dive training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may effect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with Yes or No. If you are not sure, answer Yes. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a Medical Statement and Guideline for Recreational Scuba Diver's Physical Examination to take you to your physician.

- \_\_\_\_\_ Could you be pregnant or are you attempting to become pregnant?
- \_\_\_\_\_ Do you regularly take prescription or nonprescription medication? (with exception of birth control)
- \_\_\_\_\_ Are you over 45 years of age and have one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family of heart attacks or strokes

## Have you ever had or do you currently have...

- \_\_\_\_\_ Inability to performed moderate exercise (example: walk one mile with in 12 minutes)?
- \_\_\_\_\_ History of back, arm and leg problems following surgery injury or fracture?
- \_\_\_\_\_ Pneumothorax (collapsed lung) or/and any form of lung disease?
- \_\_\_\_\_ History of any type of hernia or/and a history of chest surgery?
- \_\_\_\_\_ History of diving accidents or decompression sickness?
- \_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercises?
- \_\_\_\_\_ Frequent or reserve attacks of hay fever or allergy?
- \_\_\_\_\_ Angina or heart surgery or blood vessel surgery?
- \_\_\_\_\_ History of ear disease, hearing loss or problems with balance?
- \_\_\_\_\_ History of problems equalization (popping) ears with aero plane or mountain travel?
- \_\_\_\_\_ Claustrophobia or agoraphobia (fear of closed or open spaces)?
- \_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?
- \_\_\_\_\_ History of blackouts or fainting (full/partial loss of consciousness)?
- \_\_\_\_\_ Do you frequently suffer from motion sickness (sea sick, car sick, etc.)?
- \_\_\_\_\_ History of back surgery or/and a history of recurrent back problems?
- \_\_\_\_\_ Behavioral health problems?
- \_\_\_\_\_ History of any heart disease or/and heart attacks?
- \_\_\_\_\_ History of high blood pressure or/and a history of bleeding or other blood disorders?
- \_\_\_\_\_ History of ear or sinus surgery or/and frequent colds, sinusitis or bronchitis?
- \_\_\_\_\_ History of ulcers or ulcer surgery or/and a history of colostomy?
- \_\_\_\_\_ History of diabetes?
- \_\_\_\_\_ History of drug or alcohol abuse?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date