DSD ☐ Course ☐ Diver ☐ Snorkelling ☐

First name:	**Surname:**	
Date of Birth:	**Place of Birth:**	**M** ☐ **F** ☐
Passport number:	**Occupation:**	
Street: / **No:**	**Country of Residence:**	
Post Code: / **City:**	**Nationality:**	
Mobile no:	**E-Mail:**	
Hotel: / **Room no:**	**Pick up: yes** ☐ **no** ☐	
Arrival date: / **Departure date:**	**Equipment: complete rental** ☐ **part** ☐ **own** ☐	

☐ I have been informed that this entity will treat and save data given on this form and on accompanying documentation that alongside this form will be used for administrative purposes.

Basic information about data protection:
Responsible: GOETZ WOLFGANG SCHÄFER. / Purpose: Administrative management for service users.
Legitimization: Consent of the interested party. / Recipients: The data may be handed to third parties (i.e. these insurance agencies: DAN Europe Foundation, IDA Insurance Ltd.)
Rights: Access, rectify and delete data, as well as other rights explained in additional information.
Additional information: You can consult the additional and detailed information about data protection at the address, Avd. Jablillo S/N Hotel Galeón Playa in 35508 Costa Teguise or online at www.daivoon.com

☐ I grant permission to use my pictures and transfer the image rights.

Basic information about data protection:
Responsible: GOETZ WOLFGANG SCHÄFER. / Purpose: Make photographs of your person and use them in promotional materials (graphics, website, as well as other multimedia platforms such as social networks) for promotional purposes.
Legitimization: Consent of the interested party. / Recipients: Data will not be handed over to third parties unless there is a legal obligation.
Rights: Access, rectify and delete data, as with other rights explained in additional information.
Additional information: You can consult the additional and detailed information about data protection at the address, Avd. Jablillo S/N Hotel Galeón Playa in 35508 Costa Teguise or online at www.daivoon.com.

For certified divers

Certification level:		**Number of dives:**		**Deepest dive:**	m	**Date of last dive:**	

Insurance statement: I confirm that I am aware that treatment costs of the hyperbaric chamber or hyperbaric medicine must be met by myself through the purchase of a suitable diving insurance policy. I also confirm that I am aware that general travel insurance policies, third party diving insurances policies (BSAC), National Health Service arrangements (E111) do not cover hyperbaric treatment / transport costs and that these costs may exceed 5.000 € and I need to cover them myself.

I therefore confirm one of the following (please tick a box):

☐ I confirm that I possess a valid insurance cover for potential diving accidents/injuries, especially hyperbaric therapy in a chamber, transport and rescue costs.

☐ I wish to purchase insurance for my diving activities.

For diving centre

Tank:	**5 L** ☐ **8 L** ☐ **10 L** ☐ **12L** ☐ **12LL** ☐ **15L** ☐		**Insurance:**	**1 Day**		**2 Days**		**1 Week**		**Month**	

Suit	/	**BCD**	/	**Reg**		**Boots**	/	**Fins**	/
Mask		**Computer**		**Weights**	kg				

Date	**What**	**Where**	**Notes**	**Boat**	**EAN**

I _____ herby agree to participate in diving activities and/or snorkel or diving courses, conducted by **Daivoon Dive Center, owner Goetz Schäfer - X9638447K, 35508 Costa Teguise, Lanzarote, Spain or appointed members of staff.**

Participation conditions - to be effective with the start of activities on the: _____

1. The participation in diving activities and courses happens at one´s own risk. I am aware that snorkeling and scuba diving are potentially dangerous activities with implicit stresses and strains.
2. I shall not enforce any liability claims against Daivoon or it's appointed staff members, except in the case of gross negligence.
3. In the event of an incident, I authorize the staff of Daivoon in the situation where I am incapable of making decisions, to do everything necessary on my behalf. I will pay all expenses, should they exceed my insurance cover.
4. I agree to treat the equipment rented to me with due care and attention. In case of damage, pollution (e.g. urine), or loss, as a result of my carelessness, I agree to meet the cost of replacement, repair or additional cleaning.
5. I acknowledge that the Dive Centre does not accept liability in the case of theft, damage or loss of private property whether from the Centre, Dive Site or in the water.
6. The minimum age for open water dives is 8 years. For minors, it is necessary that a parent/guardian gives written consent.
7. During diving activities the instructions of the diving instructors or centre staff members must be adhered to.
8. If a dive is abandoned for reasons outside of the control of the diving centre, there is no right to claim a refund, this also applies diving courses.
9. I acknowledge that safe diving practice precludes solo diving and agree to stay with my appointed buddy during all aspects of the dive.
10. I agree to abide by all local laws for the protection of the environment and specifically not to collect any living plants or animals, not to hunt or harpoon.
11. I agree not to dive: after large meals, after consumption of alcohol or drugs, after intense sunbathing, with congested sinuses, when over fatigued, with in incapacitating injury or general bad physical condition, general illness, as well as on the arrival or departure day.
12. I understand and agree that my personal data will be saved as an electronic record and in the case of a diving course, the necessary personal data will be electronically transmitted to the appropriate diving organization – **PADI, SSI** or **SUB** that will issue the diving certificate.
13. All personal data that is not needed for legal purposes or certifications can be deleted on request.

In Addition for Qualified Divers

14. I confirm that I am able to swim at least 25m.
15. To ensure your safety Daivoon checks and maintains its equipment to a high standard. It is however the responsibility of every diver to ensure the working condition of equipment prior to every dive.

I have read and understood the participation conditions and confirm that I am fully aware of the risks of snorkeling and scuba diving and that I have been advised about the Safe Diving Practices adhered to by Daivoon Dive Center. Furthermore I declare that all the information I have provided about my personal data, medical history and diving history are accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

Date:_____ Signature: _____

In the case of minors, Parent/Guardian

Emergency contact:

Name:	**Mobile nr:**

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.
Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to box **A**	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box **B**	No ☐
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to box **C**	No ☐
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to box **D**	No ☐
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes ☐ Go to box **E**	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☐
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes ☐*	No ☐

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.) _____ Date (dd/mm/yyyy) _____

Participant Name (Print) _____ Birthdate (dd/mm/yyyy) _____

Instructor Name (Print) _____ Facility Name (Print) _____

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ☐

BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐*	No ☐

BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐

BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐*	No ☐

BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

*Physician's medical evaluation required (see page 1).