



# Adventure/ Advanced Open Water Diver Course

Student Name	
First	Middle Initial Last
Date of birth (dd/mm/yy):	
Email address:	
Student mailing address: (Certification	on card will arrive on this address within 3 months)
Street and number:	
City:	Postcode:
State:	Country:
DD STAFF to check:	DD Certifying Instructor ONLY:
Cert level:	SELECT A LEVEL TO CERTIFY
Training agency:	<ul><li>Adventure Diver OR</li><li>Advanced OW Diver</li></ul>
Cert number :	CERTIFYING Instructor name:
Cert date:	
Cert INST name:	CERTIFYING Instructor number:
Cert INST number:	
Number of dives to date:	Referring instructor name and number
Pre-requisites met by (signed):	Certification date:
Details must be completed <b>in full</b> for all agencies with exception of PADI AND SSI	Code assigned: Yes/ No

## **Divers Den Training Record**

Instructor statement – Name and PADI number. I verify that all PADI requirements have been met.

Student statement – I verify that I have completed all the performance requirements for this training dive. I realize there is more to learn about this type of diving and the completion of the PADI specialty course.

Divers Den

DEEP Dive	NAVIGATION Dive
Knowledge review/	Knowledge review/
Instructor Name Number	Instructor Name Number
Dive completed on/	Dive completed on/
Instructor Name Number	Instructor Name Number
Student signature	Student signature
Elective Dive	Elective Dive
Elective Dive	Elective Dive  Knowledge review/
Knowledge review/	Knowledge review/
Knowledge review/  Instructor Name	Knowledge review/  Instructor Name
Knowledge review/  Instructor Name Number  Dive completed on//	Knowledge review/  Instructor Name

# 

THINKING LIKE A DIVER SECTION
Knowledge review/
Instructor Name
Number
Student signature

## Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form **Continuing Education Administrative Document** continued

LIABILITY RELEASE AND ASSUMPTION OF I	RISK AGREEMENT
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 dives in spite of the possible absence of a recompression chamber in proximity to the dive site.  I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").  I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs or as 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 the Programs 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 the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that	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(s).  I understand that past or present medical conditions may be contraindicative to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving If I am taking medication, I declare that I have seen a physiciar and have approval to dive while under the influence of the medication/drugs. I affirm it is my responsibility to inform my instructor of any and all changes to my health condition are any time during my participation in the Programs and agree to accept responsibility for my failure to do so.  I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of hear attack, panic, hyperventilation, drowning or any other cause that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.  I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.  I hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the da
I participant name HAVE AFFIRM IT IS MY RESPONSIBILITY TO INFORM MY INSTRUCTOR OF AN MY PARTICIPATION IN SCUBA PROGRAMS. I AGREE TO ACCEPT RESI ANY EXISTING OR PAST HEALTH CONDITION, OR ANY CHANGES THE	ponsibility for omissions regarding my failure to disclose
DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS AND PAD AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATS DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NE	OEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL EGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE
I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NO LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, DIVER I UNDERSTANDING BY READING THEM BEFORE SIGNING BELOW ON E	medical and standard safe diving practices statement of

Participant's Signature

Date (Day/Month/Year)



# Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form Continuing Education Administrative Document

NOTE: Also complete and attach the Diver Medical Form (Product No. 10346)

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_\_, partidipant name \_\_\_\_\_, understand that as a diver I should:

- Maintain good mental and physical f tness for diving. Avoid being under the inf uence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
- 2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specif cally trained to do so.
- 3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct f t and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertif ed divers.
- 4. Listen carefully to dive brief ngs and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.

- Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
- 6. Be prof cient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
- 7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
- 8. Breathe properly for diving. Never breath-hold or skipbreathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
- Use a boat, f oat or other surface support station, whenever feasible.
- 10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. I have read the above statements and have had any questions answered to my satisfaction.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

## NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

NON-AGENCT DISCLOSORE AND ACKNOWLEDGIVENT AGREEMENT		
I understand and agree that PADI Members ("Mem	bers"), including	divers den
and/or any individual PADI Instructors and Divernaster to use various PADI Trademarks and to conduct P. Americas, Inc, or its parent, subsidiary and affiliate activities are independent, and are neither owned no PADI diver training programs, it is not responsible for business activities and the day-to-day conduct of associated staff. I further understand and agree on bor death during this activity, neither I nor my estate staff.	s associated with the prograd training, but are not docrporations ("PADI"). or operated by PADI, and the right programs and superehalf of myself, my heirs	ram in which I am participating, are licensed agents, employees or franchisees of PADI I further understand that Member business that while PADI establishes the standards for it to control, the operation of the Members' rision of divers by the Members or their and my estate that in the event of an injury
divers den	and/or the instructors and	divemasters associated with the activity.











## **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 <b>A</b>	No 🗆
2	I am over 45 years of age.	Yes □ Go to box <b>B</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 <b>C</b>	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 <b>D</b>	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 <b>F</b>	No □
9	I have had stomach or intestine problems, including recent diarrhea.	Yes □ Go to box <b>G</b>	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	•
f you answered NO to all 10 questions above, a medical evaluation is not required. Ple below by signing and dating it.	ease read and agree to the participant statemen
Participant Statement: I have answered all questions honestly, and understand that esulting from any questions I may have answered inaccurately or for my failure to disc	
Participant Signature (or, if a minor, participant's parent/guardian signature required.	Date (dd/mm/yyyy)
Participant Name (Print)	Birthdate (dd/mm/yyyy)
	divers den
_	arvers deri

\* 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.

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(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 □

<sup>\*</sup>Physician's medical evaluation required (see page 1).



The four central dive skills include (choose all that apply)
□ planning dives with secondary objectives.
□ developing situational awareness.
□ managing task loading.
□ maintaining good dive habits.
I learn the central dive skills to help me transition from novice-thinking to experienced-thinking approaches to diving.
O True
O False
On a dive, I want to identify different species of angelfish on a reef, and my buddy wants to photograph soft corals. What is the dive's primary objective?
O Fish identification
O Soft coral photography
O For both of you to finish the dive safely
A secondary objective is anything I want to accomplish on a dive beyond coming back safely.
O True
O False
The biggest mistake regarding secondary objectives is forgetting that they are secondary.
O True
O False

0	to plan the next dive.
0	how it affects me.
0	remember it.
As I	train and gain experience as a diver, my sphere of awareness tends to
0	solidify.
0	stabilize.
0	contract.
0	expand.
ıppl	
	gas.
	equipment.
	depth.
	navigation.
h	Examples of remaining situationally aware would include knowing how close I have come to a no stop limit, and the most direct route to my exit point.  True
	ve First, Situation Second, Communicate Third helps me resolve multitasking inflicts by
0	telling me exactly what to do.
0	providing a set action strategy.
0	providing a set thinking strategy.

Situational awareness is my ability to perceive what's going on around me and

While night diving, I momentarily lose track of where I am. Just above the bottom I turn to signal my buddy, who's lagging behind. As I hover while waiting for my buddy to catch up, my fins dip and begin stirring up the bottom, and then my dive light fails. Based on Dive First, Situation Second and Communicate Third, I would first o deploy my backup light and restore my buoyancy/trim. O deploy my backup light and get a compass bearing. o signal my buddy that I am okay and deploy my backup light. o wait for my buddy to catch up to me. People who have good habits think faster under stress. O True False Under stress, people tend to do what they o were taught to do. O do by habit. A good habit is to choose to have surface signaling devices on the dives when I'm most likely to need them. True False I'm on a dive boat in a new area. As I confirm that I have a visual and an audible signaling device, I notice all the local divers have two of each. I should (choose all that apply) Student Statement ☐ find out why in case I should have two of each, too. I completed this Knowledge Review to the best of my ability. any questions I answered incorrectly or incompletely, I review get one more of each kind myself. the explanation provided and now understand the material. case of anything about which I still have questions, I will revi-□ disregard the local divers and do as I was taught. material again and, if necessary, discuss it with my instructor next session. □ I disagree ☐ Lagree