

# Welcome to Aqua Vision's Try-A-Dive Experience!

This document is designed to introduce you to the incredible world of Scuba Diving and to prepare you for your first ever scuba diving experience. It will also help you to understand how the program works and what is involved in taking part in Aqua Vision's guided diving program.



*Please take the time to carefully read and complete all sections below..*

Throughout your Try-A-Dive experience you will be under the full guidance of Aqua Vision's experienced, friendly and professional scuba instructor team, and during the Four Stages of your experience, your personal instructor will..

1. Before The Tour - Have you sign and complete the Try-A-dive medical statement and liability release to ensure that you are in good health for diving and are aware of how to avoid the potential dangers of taking part in Scuba without proper training and procedures.

2. Before The Dive – Give you a “Dive Briefing” on the following topics:

- Limitations of the program
- The potential risks of scuba diving
- Breathing rules
- Equalization techniques
- Respect for the environment and avoiding hazards.
- Hand signals
- introduce you to and explain the use of scuba equipment; BCD, Regulator, Pressure Gauge and Alternate Air Source; and also the equipment that you will wear during the dives; wetsuit, a mask, fins and a weight system.
- Help you to put on and adjust the scuba equipment.



3. During The Dive – Introduce you to and (depending on your confidence level) have you practice the following skills, either at the surface or in shallow water that allows you to easily reach the surface:

- Breathing underwater
- Regulator clearing
- Regulator recovery
- Mask clearing
- Equalization techniques
- Hand signals and underwater communication
- Fully monitor your comfort level and the air pressure in your tank, ensuring that when you surface at the end of the dive, it will be with a surplus of remaining air. The dive will be to a maximum of 6 meters and for up to a maximum time of one hour underwater.
- Conduct the open water dive, directly supervising and guiding you on a tour of the dive site, introducing you to many of the amazing types of fish, corals and other aquatic life that live in Krabi's tropical waters.



4. After The Dive – Your dive “Debriefing”:

At the end of the dive your instructor will answer any questions you might have and talk about what you saw and experienced during your dive. They will also remind you of the value of further training that will allow you to dive without professional supervision in the future! HAVE FUN!

# Try A Dive Statement

## Participant Record (confidential information)

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

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

State / Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

eMail: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

## Medical Questionnaire

**To the participant:** Answer YES or NO to any of the following items that apply to your past medical history or present medical condition. If any of these items do apply to you, you will need to consult a physician prior to participating in a scuba experience. If you are in Krabi we can provide info on a local physician who can assist you and cost involved.

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| I am currently suffering from a cold or congestion.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have a history of respiratory problems or disease.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have had asthma, emphysema or tuberculosis.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I currently have an ear infection.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have recurrent ear problems, ear disease or surgery.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have a history of sinus problems.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have had problems equalizing (popping) my ears with airplane or mountain travel.                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I am diabetic.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have a history of seizures, dizziness or fainting  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have a nervous system disorder.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have recurrent back problems, history of back or spinal surgery.                                       | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I am currently taking prescription medication (with the exception of anti-malarial).                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I have recently had an operation or illness.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| I am under the care of a physician or have a chronic illness.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## Flying After Diving Recommendations

For dives within the limits of Aqua Vision's Try-A-Dive Experience, a minimum time of 12 hours is required between surfacing from the final dive to boarding a flight. Please note that you cannot dive and then fly on the same day.

# TRY-A-DIVE STATEMENT OF RISKS AND LIABILITY

Please read carefully before signing.

I \_\_\_\_\_ AND / OR \_\_\_\_\_  
PARTICIPANT NAME PARENT OR GUARDIAN NAME

hereby affirm that I am aware of and understand that there are inherent hazards associated with scuba diving which may result in serious injury or death. I understand that there are certain risks associated with aquatic activities conducted in and around a shallow water dive site, and I expressly assume the risk of said injuries.

I understand that diving with compressed air involves certain inherent risks and that I / my child will be exposed to these risks; Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber.

I further understand that this activity will be conducted at a site that is remote by time and distance from such a recompression chamber. And I still choose to proceed with this activity in spite of the absence of a recompression chamber in close proximity to the activity site.

I understand & agree that neither the dive professionals conducting this activity, nor Aqua Vision Dive Co. Ltd. nor any of their respective employees, officers, agents 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 myself, my child, my family, our heirs or assigns that may occur as a result of participation in this activity, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further understand that scuba diving is a physically strenuous activity and that as participants I will be exerting myself during this activity and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries. I affirm that I will not hold the above listed individuals or companies responsible for the same. In consideration of being allowed to participate in this activity I hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall myself / my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

I further release and hold harmless said activity and the Released Parties from any claim or lawsuit by myself, my child, my family, or our estate, heirs or assigns, arising out of my or my child's participation in this activity.

I understand and agree that this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement for myself, or as the parent am providing written consent for the participation of my child.

I understand that the terms herein are contractual & not a mere recital & that I have signed this Release of my own free act.

I \_\_\_\_\_ AND / OR \_\_\_\_\_  
PARTICIPANT NAME PARENT OR GUARDIAN NAME

BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, AQUA VISION DIVE COMPANY LTD., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

\_\_\_\_\_  
PARTICIPANTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE