

LIABILITY RELEASE AND ASSUMPTION OF RISK

When taking part in any water activity (incl. but not limited to diving and snorkeling) offered by Seafari Maldives I will agree and observe at least the following measures on principle and release Seafari Maldives and all related entities from all liability or responsibility whatsoever.

In addition to the usual diving security rules, the following precautionary measures are handled by Seafari Maldives:

By signing this liability you declare that you (please sign your initials in front of each statement)

- Recently had a medical examination and were found fit for diving (please note that a medical statement is mandatory).
- Will plan your dives within the no-decompression limit according to the dive table or diving computer.
- Will dive at a depth that does not exceed the recommended depth-limit with respect to your diving experience, under no circumstances exceeding 30 m (following local regulation)
- Will follow the instructions of the diving instructors and dive guides.
- Will never dive alone
- Dive within your limitations and regularly monitor your instruments.
- Only dive while being in good physical condition and never under the influence of medicine, alcohol or drugs.
- Before diving, make sure you know all peculiarities of the dive-site, such as entry/exit conditions, type and direction of current, type of marine life, etc.
- Before diving make sure you know your buddy (experience, level, check the signs)
- Repetitive dives may increase risk of becoming a decompression dive. You should be thoroughly familiar with the use of repetitive dive tables and dive computer. Plan repetitive dives so that each successive dive is at a shallower depth.
- After repetitive dive stop diving 18 hours prior to flying or follow the instruction of your diving computer and international recommendation.
- Alternative air source, BCD, depth gauge and or computer and tables, smb are mandatory.
- Make sure that your equipment is well maintained and working properly. Check it prior to every dive

Respect and protect the Coral Reef and Marine life. Do not touch or collect live or dead animal or shell either from the sea or the beach.

Seafari Diving Instructors or Dive master, unless during course or in-water supervision are acting as diving guides only.

In case of emergency, the participant and/or his insurance will cover expenses related to search and recovery and/or any medical assistance required. In the event where the participant is not in a situation to decide by himself the treatment needed by his condition, he authorize, by signing this document, Seafari Maldives personnel to take the appropriate measure needed for according to his condition.

- I subscribe the DiveAssure insurance for a period of ____ days. The membership fee will be added to my bill but my insurance coverage is effective immediately I therefore agree to pay the full contribution of EUR _____
- I have an insurance covering water sports and scuba diving

Insurance: _____ **Number:** _____ **Emergency Tel:** _____

First and last Name: _____ **Birth Date:** ____/____/____

Address: _____

E-mail: _____

Contact person in case of Emergency: _____ **Tel:** _____

Diving Certification level: _____ **Nbr. Of Dives** _____

Last dive (date): ____/____/____ **Room N°** _____

By signing this document I agree to exempt and release Seafari Maldives pvt. ltd, my instructors, dive guides and all related entities 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 liability release and by reading it before I signed it on behalf of my heirs and myself.

Signature : _____

Date : ____ / ____ / ____

MEDICAL STATEMENT (CONFIDENTIAL INFORMATIONS)

PLEASE READ CAREFULLY BEFORE SIGNING.

The purpose of this medical questionnaire is to find out if you should be examined by a doctor before starting any recreational diving activities. 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 affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past or present medical history with a 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.

- Could you be pregnant or are you attempting to become pregnant?
- Do you regularly take prescription or non prescription medications? (with the 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 history of heart attacks or strokes

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

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hay fever or allergy?
- Frequent colds, sinusitis or bronchitis?
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- History of chest surgery?
- Claustrophobia or agoraphobia (fear of closed or open spaces)?
- Behavioral health problems?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring migraines headaches or take medications to prevent them?
- History of blackouts or fainting (full/partial loss of consciousness)?
- History of diving accidents or decompression sickness?
- History of recurrent back problems?
- History of back surgery?
- History of diabetes?
- History of back, arm or leg problems following surgery, injury or fracture?
- Inability to perform moderate exercise (example: walk one mile within 12 minutes)?
- History of high blood pressure or take medicine to control blood pressure?
- History of any heart disease?
- History of heart attacks?
- Angina or heart surgery or blood vessel surgery?
- History of ear or sinus surgery?
- History of ear disease, hearing loss or problems with balance?
- History of problems equalizing (popping) ears with airplane or mountain travel?
- History of bleeding or other blood disorders?
- History of any type of hernia?
- History of ulcers or ulcer surgery?
- History of colostomy?
- History of drug or alcohol abuse?

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 diving activities. Your signature on this statement is required for you to participate in any scuba diving activities with **Seafari Maldives**.

The information I have provided about my medical history is accurate to the best of my knowledge.

Signature : _____

Date : ____ / ____ / ____

Signatures of Parent or Guardian (when applicable)

Date ____ / ____ / ____

If you are a minor, you must have this Statement signed by a parent.
