

reefwalker



Terms and Conditions

- All participants must be competent and capable swimmers, over the age of 12 years, that are medically fit for diving as indicated by completing a standard Australian diving medical questionnaire (attached).
- Prior to their activity all participants must provide: their contact details; a description of their swimming/ diving ability ; complete a medical questionnaire and be deemed fit to dive; and sign an assumption of risk and indemnity form.
- Participants under the age of 18 must have written consent from a parent/guardian to be witnessed by AQWA on the day of the activity.
- Participants must wear/use any safety equipment deemed necessary by AQWA to participate in the reefwalker program.
- Once payment has been received, your booking is confirmed. Your booking cannot be transferred to an alternative date or session time.
- A 50% variation fee applies for all bookings cancelled 1-6 days prior to the activity. 100% cancellation fee applies to cancellation less than 24 hours from time of activity -this includes changing your mind right before entering the aquarium.
- No refund will be given to participants who arrive late and miss their 'reefwalker' session time.
- AQWA reserves the right to cancel, amend or re-schedule activity without notice.
- No refund will be given to participants who cannot satisfactorily complete the reefwalker medical questionnaire or who do not provide a medical statement from a physician stating that they are fit to dive and have no medical condition considered incompatible with diving.
- If participants cannot participate in their session due to unforeseen health problems (e.g. A serious cold) they will only be able to re book once a medical certificate has been presented. No refunds will be given and bookings are subject to availability.
- PADI recommends that divers should not fly for 12 hours after diving. It is the participants' responsibility to ensure that they follow this recommendation.



Participant Record (confidential information)
Please print clearly

Participant Name _____ Participant's Date of Birth: ___/___/___

Address _____

State _____ Country _____ Postcode _____

Phone () _____ Email _____

Emergency contact:

Name: _____ Phone () _____

Description of swimming ability:

Description of previous diving experience: _____

Please read carefully and fill in all blanks before signing.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however there are increased risks. To scuba dive safely, you should not be extremely overweight or out of condition as diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces, such as your lungs and sinuses, must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medicines on a regular basis, you should consult your doctor before participating in this program. You will learn from your AQWA dive leader important rules regarding breathing and equalization while scuba diving - you must follow these rules at all times. Improper use of scuba equipment can result in serious injury.

Medical Questionnaire

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in AQWA's reefwalker program. Please answer Yes or No to the following items that apply to your past medical history or present medical condition. If any of these items do apply to you we must request you consult a physician prior to participating in a scuba experience. A positive response does not necessarily disqualify you from diving but does mean that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to taking part in AQWA's reefwalker program.

- Could you be pregnant or are you attempting to become pregnant?
Are you currently taking prescription medications? (with the exception of birth control or antimalarial)
Are you over 45 years of age and can answer yes to one or more of the following?
Currently smoke a pipe, cigars or cigarettes; Have a high cholesterol level; Have a family history of heart attack or stroke; Are currently receiving medical care; High blood pressure; Diabetes mellitus, even if controlled by diet alone

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

- Asthma, or a wheezing with breathing, or wheezing with exercise?
Frequent or severe attacks of hayfever or allergy?
Frequent colds, sinusitis or bronchitis?
High blood pressure or take medication to control blood pressure?
Back or spinal surgery?
Diabetes?
Sinus surgery?
Heart disease?

- | | |
|--|---|
| <input type="checkbox"/> Pheumothorax (collapsed lung)? | <input type="checkbox"/> Heart attack? |
| <input type="checkbox"/> Other chest disease or chest surgery? | <input type="checkbox"/> Any form of lung disease? |
| <input type="checkbox"/> Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)? | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> A colostomy or ileostomy? |
| <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them? | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness) ? | <input type="checkbox"/> Recurrent ear problems? |
| <input type="checkbox"/> Frequent or severe suffering from motion sickness(seasick, carsick etc.)? | <input type="checkbox"/> Bleeding or other blood disorders? |
| <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? | <input type="checkbox"/> Hernia? |
| <input type="checkbox"/> Any dive accidents or decompression sickness? | <input type="checkbox"/> Ulcers or ulcer surgery? |
| <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6km within 12 minutes) | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> Head injury with loss of consciousness within the past 5 years. | <input type="checkbox"/> Recurrent back problems? |
| <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past 5 years? | |

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 conditions.

_____	_____	_____	_____
Signature of Participant	Date	Signature of Parent or Guardian	Date

Assumption of Risk

I, _____, parent/guardian and _____, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressively assume the risk of said injuries.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that there is no recompression chamber at this facility and we still choose to proceed with this activity.

We further understand that scuba diving is a physically strenuous activity and that I / my child will be exerting myself/him/herself during this activity and that if I/my child is injured as a result of heart attack, panic, hyperventilation, etc that I/ we expressly assume the risk of said injuries to myself/my child. We affirm that we will not hold the dive professionals conducting this activity, nor the facility through which this activity is conducted, nor any of their respective employees, officers, agents or assigns responsible for the same.

In consideration of myself/my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected there within, whether foreseen or unforeseen.

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

I, _____, PARENT/GUARDIAN AND _____, PARTICIPANT, HAVE FULLY INFORMED OURSELVES 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.

_____	_____
Signature of Participant	Date (day/month/year)

_____	_____
Signature of Parent / Guardian	Date (day/month/year)