

**GO DIVE MARLBOROUGH & GODIVENZ CUSTOMER INFORMATION**

This form needs to be completed and signed by all certified divers prior to entering the water

NAME \_\_\_\_\_ COUNTRY \_\_\_\_\_

E-mail \_\_\_\_\_ Contact number \_\_\_\_\_

Staying at \_\_\_\_\_ Emergency Contact \_\_\_\_\_

**Medical Questionnaire:** Have you ever had or do you currently have. *Mark Y for yes and N for No*

- |                                                      |                                          |                                                 |
|------------------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Respiratory Problems        | <input type="checkbox"/> Asthma          | <input type="checkbox"/> Heart/Cardiac problems |
| <input type="checkbox"/> Epilepsy                    | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Back Injuries          |
| <input type="checkbox"/> Dizziness                   | <input type="checkbox"/> Sinus Problems  | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Recent Operation or illness | <input type="checkbox"/> DCI             |                                                 |

Please list any prescription medications presently being taken (*with the exception of birth control*) \_\_\_\_\_ Are you pregnant \_\_\_\_\_

**DIVE HISTORY**

Qualification Level \_\_\_\_\_ Wreck Diver Qual Yes \_\_\_ No \_\_\_ Number of Logged Dives \_\_\_\_\_

Date of Last Dive \_\_\_\_\_ Depth of Deepest Dive \_\_\_\_\_

Country of Last Dive \_\_\_\_\_ Have you dived in waters below 18c/62f Yes \_\_\_ No \_\_\_

**How did you find out about Go Dive Marlborough & GoDiveNZ?**

Internet \_\_\_ Brochure \_\_\_ i-Site \_\_\_ Info Kiosk \_\_\_ Word of Mouth \_\_\_ Regional Guide \_\_\_

**AFFIRMATION & LIABILITY RELEASE**

I \_\_\_\_\_ understand and agree that neither Go Dive Marlborough or GoDiveNZ employees nor owners may be held liable in any way for any occurrence in connection with activities which may result in injury, death or damages to me or my family, heirs, or assigns and in consideration of being a participant in diving/snorkelling programmes as result of my own negligence or failure to follow safe diving practices or follow the direction of Go Dive Marlborough or GoDiveNZ employee's. I hereby assume all risk in connection with Go Dive Marlborough's or GoDiveNZ activities for any harm which may befall me while I am a participant of any Go Dive Marlborough or GoDiveNZ activity, including all risks connected therewith whether foreseen or unforeseen; and further to save and hold harmless said activities and persons from any claim by me, or my family, estate, heirs or assigns, arising out of any enrolment and participation in them.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act. I have fully informed myself of the contents of this liability release and also state that I have completed the Dive History and Medical Questionnaire truthfully and read Go Dives tours and charters Terms & Conditions.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

**LERMONTOV WRECK DIVERS: Please Read & Sign**

I agree not to penetrate the wreck beyond the recreational zone - unless I have a redundant or independent air source to my primary gas, I reel/line in and out, or follow a fixed line, have a primary and backup light, backup mask and have logged and discussed my dive plan with Go Dives Divemaster. I further agree that if I do penetrate the wreck, I do at my own risk and have the experience and training to do so. I also understand if I ask to be or are accompanied by a Go Dive employee on such dives, it is as a team member not a guide and normal planning and deep penetration procedures will be followed.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**GO DIVE USE ONLY**

Form Reviewed and Verified by \_\_\_\_\_ Staff Initials \_\_\_\_\_

**TRIP TYPE:** Lermontov \_\_\_ Inner Sounds \_\_\_ Outer Sounds \_\_\_ Other \_\_\_\_\_