QUICKSILVER GROUP
EXPERIENCE. THE GREAT BARRIER REEF.

CERTIFIED WAIVER
Participant Form

To: Quicksilver Connections Ltd ABN 26 010 434 269, 19 Warner Street, PO Box 171 Port Douglas Queensland 4877 (including their directors, officers, employees, agents and independent contractors (collectively and severally referred to as Quicksilver Connections).

PLEASE PRINT LEGIBLY

Name :…… Date of Birth (day/month/year) :……/……/……

**Are you over 18 years old YES / NO

Mailing Address : ……..

Home Phone : …… Local Accommodation : ……..

Emergency Contact Name : …… Emergency Phone Number : ……

Email Address : ……..

Quicksilver Connections acknowledges and respects the privacy of individuals. With your consent, we collect details of participants to advise you of upcoming events and activities and to improve our service to you. Please inform us if you do not want us to store this information or contact you for this purpose.

☐ Please do not retain my contact details

The provision of your email address is voluntary and we acknowledge that information may be personal as defined by the Privacy Act 1988.

DIVING EXPERIENCE

Level of Certification	_____	Certification Agency (eg PADI, NAUI)	_____
Total number of dives to date	_____	Date of Certification (day/month/year)	_____/_____/_____
Date of last dive (day/month/year)	_____/_____/_____	Total number of dives during past 12 months	_____
Have you dived in the ocean before?	YES / NO	Are you flying within 24 hours?	YES / NO
Have you dived when surface conditions were other than calm?	YES / NO	Have you dived in a current before?	YES / NO

Is there any other condition, fact or circumstance that may affect your fitness or ability to dive YES / NO

If YES please supply details : _____

I have been advised a 12 hour surface interval for 1 dive and a 24 hour surface interval for 2 or more dives has been highly recommended. ☐

Do you confirm that any personal dive equipment in use, including but not limited to BCD vest, regulators and dive computer have been serviced in accordance with Australian standards and manufacturer's recommendations, and are in good working order? YES / NO

1. Since completing your last dive medical assessment have you suffered any illness or injury or surgery that may affect your ability to dive safely? YES / NO
2. Are you currently suffering any illness or injury? YES / NO
3. Are you currently taking any prescription medicine other than the contraceptive pill? YES / NO
4. Do you suffer from any other medical or physical condition relevant to diving? YES / NO

   Please provide details: ……

If you are unsure about any of these questions, the impact of any medical condition or your current fitness to dive please provide detail and consult with the dive supervisor.

RIGHT OF REFUSAL FOR SCUBA DIVING ACTIVITIES Quicksilver Connections reserves the right to refuse anyone from any or all in-water activities should we consider it to be in the best interest of yourself, our staff and any other individuals affected. We may also refuse to take someone diving or cancel a dive in progress if we believe that it may cause a danger to others or to themselves.

PLEASE READ THIS FORM BEFORE SIGNING

ACKNOWLEDGEMENT AND EXPRESS ACCEPTANCE OF RISK

By signing this form I acknowledge that I am entering into a contract with Quicksilver Connections and confirm that the answers I have provided in this form are true and correct and that Quicksilver Connections has relied on these answers in allowing me to participate in the Diving Program and Related Activities.

Diving Program and Related Activities are potentially "Dangerous Recreational Activities"* and involve "Obvious Risks"*. I personally understand and voluntarily assume all the risks for any harm, trauma, injury or damage of any kind that I may suffer to my person or property whether foreseen or unforeseen, in connection with my participation in the Diving Program and Related activities.

I certify that I have been advised of the obvious and inherent risks associated with the Diving Program and Related Activities and I voluntarily choose to participate in those activities fully accepting that the existence of such risks may cause harm, personal injury, incapacity, death or property damage and in particular I understand and acknowledge I have been advised that some (but not all) of the Obvious Risks* are:

1. Diving with compressed air involves certain risks such as decompression illness, embolism, other hyperbaric injuries and such injuries may result in death or serious personal injury and incapacity.
2. Injuries of the type referred to in Clause 1 may require treatment in a re-compression chamber or other medical treatment.
3. The Diving Program and Related Activities may be conducted at a location which is remote either in terms of time and/or distance from medical treatment and that increases the associated risks.
4. Scuba diving is a physically demanding and potentially Dangerous Recreational Activity* that may cause harm, personal injury, trauma, incapacity or death.
5. Scuba diving involves the use of equipment that may malfunction giving rise to the risk of harm, personal injury, trauma, incapacity or death.
6. Scuba diving may involve exposure to the additional risks of natural elements such as storm, wind, tide and naturally occurring and potentially harmful or fatal marine life.

AFFIRMATION AND LIABILITY RELEASE

I understand and agree that neither Quicksilver Connections, its directors, officers, employees and agents, nor (DIVEMASTER'S NAME) ……. will be held liable in any way for any occurrence with this diving program which may result in harm, injury, incapacity death, or damages to me or my family. In consideration of being allowed to participate in the Diving Program and Related Activities, I hereby personally assume all risks in connection with the program and the activities, for any harm, personal injury, incapacity or damage of any kind which may occur while I am participating in the Diving Program and Related Activities and I do so expressly at my own risk.

I hereby release and discharge Quicksilver Connections its directors, officers, employees, agents and contractors from any liability whatsoever relating to or arising out of my participation in the Diving Program and Related Activities or in any other way due to any negligent act, breach of duty, default, act, omission or failure of Quicksilver Connections its directors, officers, employees, agents and contractors including in particular: (DIVEMASTER'S NAME) ……

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 parent or guardians; that I understand the terms herein are contractual and that I have understood and signed this document of my own free act. I also acknowledge that I have been advised by Quicksilver Connections that I should arrange my own suitable Personal Accident Insurance in relation to my participation in the Diving Program and Related Activities and that I am not covered by any insurance that may be held by Quicksilver Connections or (DIVEMASTER'S NAME) ……. I also acknowledge that Quicksilver Connections excludes (to the full extent permitted by law) any liability whatsoever for any harm, loss, personal injury, incapacity or death relating to or arising out of my participation in the Diving and Related Activities under the Trade Practices Act 1974 (Cth).

The information I have provided is accurate to the best of my knowledge and I certify that I am physically fit, not under the influence of alcohol or drugs at the time and sufficiently healthy and qualified to participate in the Diving Program and Related Activities and to provide this release and discharge.

Participant's signature	Parent/Guardian's signature	Date

Advice from the Australian Maritime Safety Authority – WHSQ Workplace Health and Safety Queensland.
You will be required to complete a safety waiver prior to dive and snorkel activities.
"Snorkelling and diving demand fitness and swimming skills. Harsh conditions amplify the inherent risks of these activities. You must disclose any/all: allergies, pre-existing medical conditions, medications, recent surgeries or injures to the crew. It might just save your life. It's also a legal requirement - **fines of more than $3,700 apply for falsifying a medical disclosure form**. Your safety, first."

OFFICE USE ONLY

Card Sighted Yes No Certification ……...

Staff Member to sign ……

*As defined in the Civil Liability Act 2003 (Qld) and in any other relevant State and Federal Legislation