

Participant Assessment

Name		Date of Birth	
Phone Number			
Address			
Email			
Emergency Contact		Phone #	

- PADI Liability Release and Assumption of risk agreement signed.
- PADI standard safe diving practices statement signed
- PADI medical statement completed and signed

I have read and agree to the terms and conditions that can be found at waikawadivecentre.co.nz

Signature _____ Date _____

Certification Details

Agency:	Level:
Date	Student Number:

Experience

Total Dives	Last 12 Months
Dived in area before or similar (yes/no)	

PRE DIVE ASSESSMENT- NB: To be filled out on the day of the dive.

By signing in the space provided below the participant acknowledges that they have answered yes to all of the above statements that are applicable and there is no condition or problem that would prohibit them from diving/supervising safely. All participants must sign before diving.

1. Demeanour	I feel fine, ready for the activity and assessment and I have appropriate clothing, footwear and dive equipment.	
2. Fitness	I am physically, mentally and medically fit and ready for the activity.	
3. Equipment	I am aware that I must assemble and check equipment to ensure that it is fully functioning. I take full responsibility for my own equipment brought with me and acknowledge that it is in good working order and has been serviced regularly.	
4. Modifications/Repair	I am aware that any adjustments and repairs completed before, during and following the dive must be reported to shop maintenance	
5. Assessment	I am prepared for assessment, I am aware of my rights and obligations under assessment. I have the right to request assessment at a later date	
6. Risk Disclosure	The dive supervisor conducted a site brief and made me aware of any risk involved in the activity	