TRY DIVE MEDICAL AND RESPONSIBILITY DECLARATION

Anyone with a medical history of diabetes, blackouts (epilepsy etc), perforated eardrums, high blood pressure, heart disease, any lung or respiratory disorder (such as asthma) or dependence on drugs may not be able to dive safely. If this is the case, specialist advice must be obtained before contemplating taking up this sport, including participation in a Try Dive.

Try Dives are available on the understanding that the person taking part:

- Considers themselves medically fit and does not suffer from any of the disqualifying conditions mentioned above
- 2. Will, in the interests of safety, comply with all instruction given to them by the Instructor
- 3. Is able to swim and is confident in water

There is no lower age limit for participation in a Try Dive, but organisers may impose a limit of minimum age or stature as they consider appropriate.

Every precaution will be taken for the safety of visitors and the branch or centre organising the Try Dive reserves the right to terminate the session should there be reason to doubt fitness, ability or suitability to dive.

name of Stude	ent:				
Addre	ss:				
				Postcode:	
Em	ail:				
Telephone	no:			Date of birth:	
I CERTIFY TI	IAT I COMP	LY/WILL CON	IPLY WITH	THE TERMS 1,	2 AND 3 ABOVE
Signature of st	udent:				
Signature of pa	rent/guardiar	n (if under 18):			
FOR BRANCH	OR CENTRE U	SE:			
Course date:				R	AC ith friends
Leader:				Dive wi	ith friends

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Name of student:	: (
Address:	:					
	Postco	de:				
Email:	:					
Telephone no:	: Date of bit	rth:				
I CERTIFY THAT	T I COMPLY/WILL COMPLY WITH THE TERI	WS 1, 2 AND 3 ABOVE				
Signature of stude	ent:					
Signature of parent/guardian (if under 18):						
FOR BRANCH OR	CENTRE USE:					
Course date:		RCAC				
Leader:	Di	BSAC				