

Skegness Aquarium Registration Form (1)



EXPERIENCE BOOKING FORM

DATE / /

FIRST NAME		MIDDLE NAME	
SURNAME		GENDER	MALE / FEMALE
DATE OF BIRTH		AGE	
EMAIL ADDRESS			
FIRST LINE OF ADDRESS			
TOWN			
COUNTY			
POSTCODE			
Where did you hear about us?			

(To be completed by Skegness Aquarium Instructor)

Instructor Name:

PADI Number:

Skegness Aquarium Disclaimer and Indemnity (2)

I hereby acknowledge that undertaking an underwater dive is considered a high-risk activity.

I accept I have been made fully aware of and confirm that I fully understand the dangers and risks involved in underwater diving (including but not limited to the medical risks and risks associated with underwater diving at Skegness Aquarium with potentially dangerous animals). In particular, I acknowledge that animal behaviour can be unpredictable. I hereby confirm that, unless where Skegness Aquarium negligent, I will not hold Skegness Aquarium, and any company within the same group of companies and any of their representatives responsible for any liability, expense, loss, claim, damage or injury howsoever caused suffered by me which may occur as a result of my participation in underwater diving at Skegness Aquarium.

I hereby agree to forfeit my dive experience booking if it has been scheduled, at minimum, 24 hours before a flight. In this case, a flight refers to chartered/private flights overseas, helicopter rides or any aviation activity whatsoever.

I acknowledge that I will receive and adhere to pre-dive briefings and confirm that I have read and fully understand all the instructions relating to the dive, the conduct requirements of the dive and the dive plan details. I confirm that I have provided all information requested by Skegness Aquarium and that all such information provided is complete, accurate and not misleading.

I agree that should I for any reason, deviate from the instructions relating to the dive, the conduct requirement of the dive and/or from the dive plan, or if I have failed to provide all requested information or have provided incomplete, incorrect or misleading information, Skegness Aquarium may abort the dive without refund of monies to me. I agree to indemnify Skegness Aquarium, any other company within the same group of companies and all of their representatives from all liabilities, expenses, losses, claims or damages suffered by all or any of them as a result of any such deviation, failure to provide by me.

I acknowledge that the decision of Skegness Aquarium whether or not to allow me to participate in an underwater dive at Skegness Aquarium is final.

I also acknowledge that this disclaimer and indemnity does not affect my statutory or other legal rights.

Skegness Aquarium Diving Terms and Conditions (3)

Skegness Aquarium reserves the right if needed to cancel, alter, or amend any element of the dive experience on offer to meet the operational requirements of the facility.

The participant(s) accept that responsibility or liability falls solely on them should Skegness Aquarium cancel, alter or amend the dive experience in any way.

Full payment **MUST** be made to confirm a booking. Skegness Aquarium does not hold provisional bookings for dives.

In the event of a dive gift voucher being used as a surprise, and the participant answers “yes” to one or more of the elements on the PADI medical form the dive experience will be cancelled until a valid Doctor’s certificate can be presented.

If the participant(s) is unable to attend on a particular dive experience Skegness Aquarium will be happy to re-schedule providing no less than 14 days’ notice is given. **This 14 day notice will be strictly adhered to.** If re-booking is required then a fee of £20 per participant will be incurred in order to reschedule. Any additional booking charges incurred will be the responsibility of the participant(s). **If the participant(s) wish to reschedule with less than 14 days’ notice given then a FULL PRICE charge will be incurred.**

If the participant(s) fails to appear for the dive, or is late by at least 15 minutes, the experience will have to be rescheduled based on the needs of Skegness Aquarium. If no notice is given then all payments made will be forfeited by the participant.

A PADI medical form **MUST** be completed prior to the dive experience. If the participant(s) answer “yes” to any element of this form then the participant will need to have a Doctor complete the second part of the PADI medical form. *If any assistance is needed with this matter then please don’t hesitate to contact us.*

The only way in which a refund can be provided is if the participant represents a PADI medical form with a “yes” answer and signed by a doctor to confirm that the participant cannot complete the dive experience. Refunds will not be given under any other circumstances.

The PADI medical form must be filled out honestly. Skegness Aquarium accepts no responsibility if participants intentionally lie on their forms.

All participants must present a letter of confirmation from Skegness Aquarium booking department upon arrival.

No participants under the influence of alcohol or drugs will be accepted onto the experience.

Qualified divers **MUST** bring all SCUBA certifications with current and up to date log books. Failure to do so will result in the cancellation of your dive and no refunds will be given.

Qualified divers **MUST** have a minimum of one logged dive within the twelve months prior to the experience. A hard copy of the diver’s logbook must be used as evidence, dive computer logs will **NOT** be accepted.

Qualified divers under the age of 18 must have a parent or legal guardian present on the day of the experience.

Qualified divers under the age of 16 must have a parent or legal guardian with the same, equivalent or higher qualification who will be diving with them (written permission must be provided from the parent or legal guardian).

Any damages made to hire gear must be paid for in full.

Qualified divers will be provided with cylinders and weights as part of the experience. All other kit must be hired from Skegness Aquarium.

GDPR (General Data Protection Regulation) Summary

Information we hold The information we hold regarding **Booking your experience** includes: Name, Email, Contact Number. This data is secured and only accessed for the purpose of booking information.

completed induction forms include Name, Address, Date Of Birth, Email

Address, Age, in addition to some medical history. This is held in paper format and will be kept for a period of 7 years, this is kept under lock and key and will be destroyed after this period.

The information we store on our **Database** includes, Name, Town, County, Postcode, Age and Email Address, this is stored with three layers of encryption.

This data is used for marketing by Skegness Aquarium or one of its partners for marketing purpose's . You will not be contacted by any third party. Data is only distributed to our partners by the DPO (Data protection Officer) You may **OPT IN** to be included on our database by signing below, failure to sign will mean **NO data will be stored** for Marketing Purpose's, you will not be contacted by Skegness Aquarium or its partners in the future. **CCTV Images** are stored for a period of 30 days, these images/ videos are only accessible by the DPO.

Video Experience images / Videos are stored for a period of 6 months then destroyed.

Please sign below to OPT IN if you wish to be **included in the database**.

Participant Name _____

Participant Signature _____

Date

/ /

Qualified divers are welcome to use their own equipment but certain items are not permitted in the tank. This includes, but is not limited to, twinsets, pony cylinders, knives, lights/strobes, reels and dsmb's. The Skegness Dive Team reserves the right to refuse items of kit entering the tank. All personal kit must be rinsed on site before entry.

Qualified divers may bring underwater cameras into the tank with them, however the use of flash photography is strictly prohibited. Unqualified divers may bring GoPro style action cameras that attach to themselves but must not be actively taking pictures or video.

Skegness Aquarium does not fill cylinders.

All PADI instructors of Skegness Aquarium hold the right to prevent any participant(s) from entering the main tank display at any time leading up the experience. If participants fail to meet any performance requirements of the confined water training session then the experience will terminate immediately.

If the participant(s) do not complete the experience then a refund is **NOT** possible.

Age restrictions may be in place due to PADI program standards.

Any bookings made within 24 hours of a scheduled flight will have to be rescheduled at the cost and notice period mentioned above, or cancelled with no refund available.

All decisions made by the Skegness Aquarium PADI instructors are final.

Terms and conditions are subject to change.

Gift Voucher Consideration:

If a dive gift voucher has been purchased, then it will not be issued until full payment has been made.

In the event of a dive gift voucher being used as a surprise, and the participant answers “yes” to one or more of the elements on the PADI medical form the dive experience will be cancelled until a valid Doctor’s certificate can be presented.

For when online gift vouchers are available, please be aware that Skegness Aquarium run a minimum number of participants policy. If there is a select date in mind for any particular voucher holder and there are not minimum numbers booked for this date, Skegness Aquarium hold the right to reschedule at both parties convenience.

Participant Name _____

Participant Signature _____

Date / /

Parent or Guardian Signature _____

Date / /

. By signing above, under 18 years of age the parent or guardian must counter sign that they also have read, understood, and agree to the following, **(2) Skegness Aquarium Disclaimer and Indemnity. (3) Skegness Aquarium, Diving Terms and Conditions.** Only persons signing the OPT IN page will receive offers and promotions from ourselves and our Partners



Bubblemaker Statement

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name _____ Birthdate _____ Age _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ email _____

Emergency contact _____ Relationship _____

Primary Phone (____) _____ Home Work Cell

Secondary Phone (____) _____ Home Work Cell

How did you hear about us? _____

MEDICAL QUESTIONNAIRE

To the participant and parent: Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

Yes No I am currently suffering from a cold or congestion.

Yes No I have a history of respiratory problems or disease.

Yes No I have had asthma, emphysema or tuberculosis.

Yes No I currently have an ear infection.

Yes No I have recurrent ear problems, ear disease or surgery.

Yes No I have a history of sinus problems.

Yes No I have had problems equalizing (popping) my ears with airplane or mountain travel.

Yes No I am diabetic.

Yes No I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).

Yes No I have a history of seizures, dizziness or fainting.

Yes No I have a nervous system disorder.

Yes No I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).

Yes No I have recurrent back problems, history of back or spinal surgery.

Yes No I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).

Yes No I have recently had an operation or illness.

Yes No I am under the care of a physician or have a chronic illness.

— over —

BUBBLEMAKER ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, parent/guardian and _____, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly 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 this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, _____, nor International PADI, Inc., nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of 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 therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

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

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, _____, PARENT/GUARDIAN AND _____,

PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

WE 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)



Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, _____, and my/our child, _____, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

Parent/Guardian Name

Parent/Guardian Signature

(Day/Month/Year)

Participant/Minor Name

Participant/Minor Signature

(Day/Month/Year)