



**TELEPHONE 01257 450663**

**SAFETY NOTES**

Any incidents or accidents must be reported to The Delph Office immediately.

Quarries can be dangerous, please ensure that your children are kept under control and dogs on leads at all times.

**The Delph operates a 5 mph speed limit**

**DECLARATION & REGISTRATION**

This Declaration is in two parts. Part A: the indemnity is to be signed by all visiting divers. Part B: the declaration of fitness, should be signed by all prospective divers before participating in any training or diving, unless a satisfactory medical certificate supersedes it.

**Part A: Certificate of Understanding Assumption of Risk**

It has been explained to me, and I understand, that sport diving carries risks of personal injury. I agree to accept these risks while participating in the sport, either as a trainee or guest at The Delph Diver Training Centre.

**I declare that I am a certified diver with a nationally or internationally recognised training agency or that I am under the direct supervision of a Scuba Diving Instructor whilst in training. Furthermore I declare that any injury sustained shall be at my own risk entirely. I will be responsible for the results of my own acts of negligence or reckless behaviour.**

Name:..... **PLEASE REMEMBER**

Address:..... **WHEN DIVING YOU**

Town:.....Post Code:.....County..... **MUST BE IN PAIRS**

Tel:.....Mobile.....Email.....

Signature .....Date.....

**Part B: Declaration of Fitness**

To the best of my knowledge and belief I do not suffer from, and have not received treatment of any sort for the following conditions:

Chronic or acute recurring ear disease.	Perforation of either eardrum
Chronic sinus disease or chronic nasal obstruction.	Chronic bronchitis or other ineffective lung disease
Asthma of any form	Diabetes requiring drug control
Heart attack or heart disease including valve disease.	Raised blood pressure
Severe anaemia or disease of the blood forming organs	Epilepsy fits, recurrent fainting, giddiness or blackouts
AIDS or other chronic sexually transmitted diseases	Severe head injury e.g. requiring surgery or producing prolonged unconsciousness.

I have not had surgery to my heart, lungs, spine or head. I am not taking any regular medication. In the event of developing any of the conditions listed or covered above I will not continue to dive and will be deemed to have ceased diving under the guidelines of my diving organisation until I have obtained a medical opinion on my fitness to dive from a doctor with recognised experience in the health of sport divers.

IF FOR ANY REASON A DIVER HAS AN IN-WATER INCIDENT, THE DIVER MUST PRODUCE A VALID MEDICAL CERTIFICATE AND HIS DIVING QUALIFICATIONS TO THE DELPH ON HIS RETURN.

**Diving Qualification ..... Organisation ..... DIVE CLUB/SCHOOL .....**

**Membership Number ..... Emergency Contact No: .....**

**Signature ..... Date: .....**

**Instructor responsible for the above named diver      Signature: .....      Print Name .....**

**Organisation.....      Date .....**