

DIVER'S DECLARATION

I,

NAME, SURNAME:	BIRTHDATE:	
E-MAIL	PHONE N. (+)	
PASSPORT:	COUNTRY:	
ADDRESS:		
VILLAGE:	POSTCODE:	
EMERGENCY CONTACT: Name	Relationship	Phone n.- (+)

want to participate in diving activities organized by AQUÀTICA diving centre in l'Estartit, and in signing this document I declare:

That I have:

- SCUBA DIVING QUALIFICATION. (MAX. DEPTH m)
- VALID DIVING INSURANCE FROM THE COMPANY
- VALID MEDICAL CERTIFICATE, DATE OF ISSUE / / .

That I know and I will respect the **SAFETY RULES**:

- Keep within the depth limits dictated by my qualification and experience.
- I will not dive solo and I will follow instructions from the leader of the dive.
- I will always keep to the recreational dive limits and I will always make a safety stop of 3 minutes at 5m depth.
- I will always check my air supply and I will never surface with less than 30 bars in the bottle.
- I will use equipment which is in good condition and I will check it works correctly before diving.
- I will cancel the dive if I am not in good physical and/or mental conditions.

That I want to practice **RESPECTFUL SCUBA DIVING** with the environment, so:

- I will control my buoyancy so that I avoid touching the seabed, stirring it upon my fins, destroying species of coral...
- I will not remove any organism (alive or dead) nor will I interfere with its normal development in any way.
- I will not give any type of food to any species in order to avoid changing its feeding habits and behaviour.
- I will try to improve my knowledge of marine environment in order to better understand marine ecosystem and the importance of preserving them.
- I will try to encourage my dive buddies to develop an attitude of maximum respect towards the environment.

That I consent Aquàtica Illes Medes to:

- Publish images where I appear, taken during my stay in Aquàtica or during the activity.
- Keep my personal datum in an own file in order to manage our communication as well as my certifications, authorisations or other documents which could be necessary for the activity.

DATE: / /

SIGNATURE:

PARENTAL AUTHORIZATION FOR CHILDREN

I, with passport number ,
 as the father/mother , of years old,
 declare that I understand that there are risks involved in these activities, inherent within the aquatic and hyperbaric environment, and I give my authorization to AQUÀTICA so that my son/daughter may participate in diving activities.

DATE: / /

SIGNATURE: