

# ABYSS DIVERS

## Diver Details Form

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Diver Name:

First

Middle

Last

Address:

City:

State:

P/Code:

Country:

Phone: ( ) -

Mob:

Email:

Birth date: / /

Sex: M: F:

Occupation:

Marital Status: Single Married Other

No. of Dependents:

Emergency Contact:

Contact Phone:

Relationship to Contact:

DAN #:

DiveSafe #:

List any medical conditions that may increase your risk or limit your recovery in the event of an accident: (eg: diabetes, allergies, spinal issues, any DCS incident & date, prescribed medications, etc):

### Dive Training History

Instructor Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

Date: / /

Other Certification:

Agency:

Certification #:

Name of Facility / Instructor:

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### Personal Dive History

(List your diving experience)

# Dives:            # Dives > 45m:            # Mix Dives:            # Dives > 75m:

Max Depth:            # CCR Dives:            # CCR Mix Dives:            # CCR Dives > 50m:

### Application Checklist

(Please initial each line)

Diver & Emergency Contact Details completed

Dive Qualifications Details completed

Dive Experience & Details completed

I have passed a Scuba Diving Medical (as required by AS4005.1 OR AS2299.1 OR NZ OSH Guidelines for Occupation Diving – Competency to Dive Certificate) within the last 12 (twelve) months

I have read, understand and have completed and signed the ***Abyss Divers Acceptance of Risk and Waiver Release Form***

### Signoff

*As indicated by my signature below, I accept that am mentally and physically prepared to undertake dives with Abyss divers and do so of my own free will and personal choice and undertaking any dive with Abyss Divers in no way implies any liability or responsibility on Abyss Divers itself, my instructors or any Team Member or associated entity.*

Signature of Diver

/   /  
Date