



**CAMBRIDGE CITY SUB-AQUA CLUB
THE BRITISH SUB-AQUA CLUB**



'TRY-DIVE'

Medical and Liability Disclaimer

Scuba diving is a sport, which requires general physical fitness and good health. Anyone with a medical history of diabetes, black-outs (epilepsy, etc.), perforated eardrums, high blood pressure or heart disease, any lung or respiratory disorder (such as Asthma), or dependence on drugs, may not be able to dive safely and so MUST seek specialist advice before contemplating taking up this sport including a 'Try-Dive'

'Try-Dives' are available on the understanding that the persons taking part:

- (a) Consider themselves medically fit and does suffer from any of the disqualifying conditions mentioned above or has a Certificate of Fitness to Dive issued by a Medical Referee.
- (b) Will, in the interests of safety, comply with all instructions given to them by the course leader/instructor.
- (c) Are able to swim and be confident in the water.

On the day of the Try-Dive you should be free from all signs and symptoms of colds, flu, hayfever or other similar conditions, as attempting to dive with these symptoms may be damaging to your health.

There is no lower age limit for participation in a 'Try Dive', but organizers are at liberty to impose a limit of minimum age or stature, as they consider appropriate. Participation in this course by young people does not signify any entitlement to undertake a full programme of BSAC training, for which the minimum age is 12 years. All under 18's must have a parent or guardian present throughout the session.

Every precaution will be taken for the safety of visitors. The branch organizing the 'Try-Dive' reserves the right to terminate the session should there be reason to doubt fitness ability or suitability to dive.

Session Date:

Applicants First Name: _____ *Surname:* _____ (First & Surname will appear on your certificate)

Address:
Post code:

Telephone number: _____ *Date of birth:* _____

Email Address: _____ *How did you hear of us?* _____

Chest Size (For Kit size): _____ *Shoe Size (for Fins):* _____

I certify that I comply with terms (a) (b) and (c) above

Signature of applicant: _____

Signature of Parent/Guardian: _____
(If applicant is under 18 years of age)

FOR BRANCH USE:
Course Leader: _____

Instructor: _____ *Date followed up:* _____