

Trip Type: 3D Cod Hole   4D Coral Sea   7D Combined		
Trip Departure Date: (DD/MM/YYYY)		
First Name		
Last Name		
Phone		
Email		
Date of Birth (DD/MM/YYYY) (Our minimum age on board Spirit of Freedom is 16 years)		
Address/Contact in Cairns		
Emergency Contact (Not onboard)		
Phone (including country and area code)		
Email		
Dive/Travel Insurance Company		
Policy/Ref Number		
Certificate Agency		
Certificate Level		
Maximum Depth Previously Dived		
Number of Logged Dives		
Date of last dive (DD/MM/YY)		
Have you ever dived at night?		
Have you ever dived without a guide?		
Have you ever dived in currents?		
Do you require any rental equipment?		
BCD Size: Regulator w/computer Size: Computer Only Wetsuit Size: Mask/Snorkel/Fins (inc.) Size:		
Do you have any <u>dietary</u> requirements?		
Do you have any special needs or requirements? E.g. mobility issues?		

	you answer YES to questions 2, 3, or 4 OR you are 65yrs+, you are required to have a current (less than 12 months) ve medical clearance from a doctor before you can dive. We recommend that the guidelines of the Recreational Diving edical Screening System are followed. You can also contact DAN Divers Alert Network for any specific queries ne diving on Spirit of Freedom is in remote offshore waters subject to strong currents and challenging diving conditions, good level of fitness and diving skills is required to participate in all dives.		
	1: Are you medically & physically fit to dive and /or snorkel?		
	2: Have you ever suffered any illness or injury that may affect your ability to dive or snorkel safely?		
	3: Are you currently suffering or have ever suffered from illness or injury or condition relating to any heart or lung disorder, asthma, epilepsy or insulin-dependent diabetes or any other condition that is contraindicative to diving?		
	4: Are you currently suffering from any illness or injury or condition or taking any prescription medication (other than contraceptives). If YES, please provide details of condition including Prescription Medication(s) Name and Dosage and attach a current dive medical.		
	Illness, Injury or Condition Details		
	DISCHARGE OF LIABILITY		
	It is a fundamental condition of this contract between, 'Trustee for SOF Unit Trust' and its directors, employees, agents an independent contractors (collectively and severally referred to as "SOF" on the one part and the name entered below. on the other part, that to the extent permitted by law "SOF" is hereby discharged and indemnified by my/our executor(s), my/our administrator(s) and my/our dependent(s) from any liability for any damage, death or injury whatsoever arising out of, or incidental to, this diving trip and other services provided by "SOF", whether or not such damage or personal injury is caused or contributed to by "SOF". I acknowledge that I will be participating in activities, which are undertaken for the purposes of recreation and involve a significant degree of physical exertion or physical risk. I further acknowledge that I a aware of the risks of injury associated with my participation in this diving trip and agree to voluntarily assume such risk. I further acknowledge that the use of any equipment hired or loaned to me by "SOF" is entirely at my own risk. I shall return any such equipment in good order and shall be financially liable for any breakage, loss or deviations there from.		
	Medically and physically fit to dive - If you answered YES to Medical Statement questions 2, 3, or 4 or are 65yrs+ a curre (less than 12 months) Dive Medical will be required to clear you to dive. It is important to advise SOF reservations at the time of booking, (or ASAP). You must not dive on the trip if you feel unwell, have a chest cold or respiratory congestion. Australian dive standards - Australian standards require that you have an Alternate Air Source (Octopus). Dive Compute Safety Sausage (SMB) & Whistle are compulsory. (Lost, damaged or stolen rental equipment is the responsibility of the Hirer).		
Travel Insurance is recommended. Nitrox Diving - Nitrox Certification Card must be produced upon boarding. Fil MAXIMUM 32%. Regulators must be compatible for use with nitrox. Package price above for all dives or individual be purchased at \$10 per fill. Statement of understanding: By adding your name, completing and submitting this form, I acknowledge that I has understood and accepted the Discharge of Liability, the <a href="Terms &amp; Conditions">Terms &amp; Conditions</a> of Travel, and agree to the Medical		with nitrox. Package price above for all dives or individual fills may leting and submitting this form, I acknowledge that I have read,	
	I have read and agree to the terms and conditions; and I a correct*	acknowledge that the information I have entered above is true and	
	Signature	ate: (DD/MM/YY)	

MEDICAL STATEMENT: