



RELEASE OF LIABILITY & ASSUMPTION OF RISK

First Name		Dive certification	
Last Name		Dive insurance	
Date of Birth		Number of Dives	
Boat		Cabin	

Diving issues you should be aware of when diving in the Maldives. Your booking conditions with Carpe Diem Maldives Pvt. Ltd. Hereafter called “ Carpe Diem”.

In signing this form, I acknowledge that I have read and agree to its content and understand the implications and risks involved.

I further agree to follow the safe diving procedures of my training organization(s).

Carpe Diem recommends a maximum recreational diving depth of 30 meters as most insurance companies only cover to a depth of 30 meters when diving with air and Enriched Air (NITROX). Different rules apply when diving with technical diving equipment and this will be explained if technical diving is undertaken. I agree that it is my responsibility to check my insurance cover.

DIVING: I agree not to exceed the maximum limit under any circumstances bearing a life-threatening emergency. I also understand that it is my responsibility to cheque to what deaths my insurance provides cover. I understand that should I break this rule Carpe Diem reserves the right to stop me from diving with no refund for diving packages.

Carpe Diem's dive guides will provide a detailed and comprehensive dive briefing before I enter the water with my buddy, when the guide is in the water they will remain with the group to navigate the site and to lookout for any interesting marine life to show me. I am aware that the guide will not provide any training during the dive and I, and my buddy pair, dive at our own risk. As a qualified diver I am responsible for my own and my buddy his safety during the dive and to plan my dive And I have my plan by using a personal dive computer. I must begin, execute, and end the dive with my dive buddy.

I confirm that I have been advised and informed of the inherent hazards of skin and scuba diving. I understand that skin and scuba diving can cause physical strain or exertion, not normally experienced in non-diving situations.

I assume all risks connected with scuba diving and will not hold Carpe Diem responsible for any injuries including but not limited to, those resulting from heart attack. Physical/ mental strain or exertion, or barodrama, including decompression sickness or arterial gas embolism.

ENRICHED AIR NITROX: I agree to abide by the maximum operating depth limits applicable to my level of training and the gas mix used. I agree to personally analyse cylinders for my use and complete the fill station log.

MEDICAL: I confirm that I have no current or historic illness, disease, or medical condition, which could lead to the injury of myself, any other diver or employee of Carpe Diem, whilst skin or scuba diving. I am happy to complete the medical statement that is a requirement laid down by the Maldivian authorities. If I am in doubt

as to my health, past or present and the effect it may have on dive safety, I agree to be independently examined prior to diving.

COVID-19: I undertake the extra care whilst on board and adhere to the protocols set by Carpe Diem management. I confirm that I have been advised to immediately inform the captain in case I develop any flu like symptoms such as fever, cough, unusual headache, difficulty breathing, sore throat after which captain will inform local health authorities as per local protocol. I agree to self isolate immediately in my cabin to avoid putting any other guests or crew members at further risk and follow the instructions as given by the captain. I agree to bear all the costs including but not limited to mandatory testing, possible evacuation, quarantine as a consequence of me having possibly contracted Covid-19. I further agree that Carpe Diem will not be held liable or responsible in case I contract Covid-19 during my trip and will not be entitled to any refund for the trip.

I agree not to drink any alcoholic beverages before I dive. I give Carpe Diem my permission to stop me from diving should I drink any alcoholic beverages before diving or if I am still under the influence of alcohol before diving. I agree not to dive after use of medication or when feeling unwell.

EMERGENCY: I agree to bear all the costs of medical treatment, chamber costs, recovery, and transport charges in the event of an accident. Should the case arise that I am unable to decide for myself I authorise Carpe Diem and their agents to arrange medical treatment on my behalf. I will provide Carpe Diem with details of my insurance company, policy number and medical emergency telephone number. I do understand that if any accident or happens, it might take some time to reach a medical centre, so I will abide to safety standards and listen carefully do the instructions of Carpe Diem employees.

BOAT SAFETY: Extra due care and attention is required when diving, operating, and living on boats due to the increased hazard of, but not restricted to, movement in rough seas, wet decks, and equipment movement. I undertake to take extra care whilst on board boat and will not hold Carpe Diem responsible for any damages incurred that can be attributed to normal boating hazards. I accept the increased risk of diving near to and from boats and Zodiac and inflatables and accept that extra care and vigilance is required on my behalf.

NATURE: I understand that there is marine life that may cause bodily injury if touched or harassed and therefore I agree not to feed, touch, or harass the marine life. I will not wear gloves.

EQUIPMENT: Carpe Diem maintains scuba diving equipment for service on a rental basis. This equipment is not in any way guaranteed either as to correct construction or safe use. Parties renting and using this equipment will do so entirely upon their own judgement and at their own risk. I have inspected the equipment and find that it is in good working order and free from defects. I agree to return the equipment at the end of the rental in the same condition, Fair wear and tear expected and will be responsible for the loss or damage to the said equipment including freight charges and import duty. NO refunds will be paid due to no-use of equipment. Carpe Diem is not responsible for any damages or losses of any equipment whether the property of the client or Carpe Diem.

I agree that Carpe Diem will not be held liable or responsible for an injury I sustained because of not adhering to the above items.

INSURANCE: Carpe Diem Maldives' is a Maldivian company and is governed under Maldivian law. Carpe Diem has "Ship Owner" liability cover for diving activities. Carpe Diem insists that guests have adequate personal diving and non-diving insurance to cover all diving and non-diving risks involved in the service provided by Carpe Diem. It is MY RESPONSIBILITY to check that my insurance provides adequate cover and then I dive within the limits of the cover provided. Chamber costs are high in the Maldives. We also advise that it is important to have good travel insurance to cover accidents of a general nature.

JURISDICTION: The contract between you and Carpe Diem is made on the terms of these booking conditions, which are governed by my Maldivian law and clients shall be subject to the sole jurisdiction of the Maldivian courts.

Signature

Date:

Signature of Parent or Guardian

MEDICAL STATEMENT:

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed however, there are increased risks. To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Recreational scuba diving and free diving require good physical and mental health. There are few medical conditions which can be hazardous while diving listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This medical statement provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in diving activities. References to diving on this form encompass both recreational scuba diving and free diving. This form is principally designed as an initial medical screen for divers, but is also appropriate for divers taking part in liveboard trip. For your safety and that of others who may dive with you answer all questions honestly.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes <input type="radio"/> <i>Go to Box A</i>	No <input type="radio"/>
2. I am over 45 years of age.	Yes <input type="radio"/> <i>Go to Box B</i>	No <input type="radio"/>
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="radio"/> *	No <input type="radio"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="radio"/> <i>Go to Box C</i>	No <input type="radio"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="radio"/> *	No <input type="radio"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="radio"/> <i>Go to Box D</i>	No <input type="radio"/>
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes <input type="radio"/> <i>Go to Box E</i>	No <input type="radio"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="radio"/> <i>Go to Box F</i>	No <input type="radio"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="radio"/> <i>Go to Box G</i>	No <input type="radio"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes <input type="radio"/> *	No <input type="radio"/>

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the statement below by signing and dating it.

Participant Statement: I have answered all questions honestly and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving activities requires your physician's approval.

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes <input type="radio"/> *	No <input type="radio"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="radio"/> *	No <input type="radio"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="radio"/> *	No <input type="radio"/>
Recurrent bronchitis and currently coughing within the past 12 months OR have been diagnosed with emphysema.	Yes <input type="radio"/> *	No <input type="radio"/>
A diagnosis of COVID-19.	Yes <input type="radio"/> *	No <input type="radio"/>

Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="radio"/> *	No <input type="radio"/>
I have a high cholesterol level.	Yes <input type="radio"/> *	No <input type="radio"/>
I have high blood pressure.	Yes <input type="radio"/> *	No <input type="radio"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="radio"/> *	No <input type="radio"/>

Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes <input type="radio"/> *	No <input type="radio"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="radio"/> *	No <input type="radio"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="radio"/> *	No <input type="radio"/>
Eye surgery within the past 3 months.	Yes <input type="radio"/> *	No <input type="radio"/>

Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="radio"/> *	No <input type="radio"/>
Persistent neurologic injury or disease.	Yes <input type="radio"/> *	No <input type="radio"/>
Recurring migraine headaches within the past 12 months or take medications to prevent them.	Yes <input type="radio"/> *	No <input type="radio"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="radio"/> *	No <input type="radio"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="radio"/> *	No <input type="radio"/>

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="radio"/> *	No <input type="radio"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="radio"/> *	No <input type="radio"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes <input type="radio"/> *	No <input type="radio"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="radio"/> *	No <input type="radio"/>

Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="radio"/> *	No <input type="radio"/>
Back or spinal surgery within the last 12 months.	Yes <input type="radio"/> *	No <input type="radio"/>
Diabetes, either insulin- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="radio"/> *	No <input type="radio"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="radio"/> *	No <input type="radio"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="radio"/> *	No <input type="radio"/>

Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="radio"/> *	No <input type="radio"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="radio"/> *	No <input type="radio"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="radio"/> *	No <input type="radio"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="radio"/> *	No <input type="radio"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="radio"/> *	No <input type="radio"/>
Bariatric surgery within the last 12 months.	Yes <input type="radio"/> *	No <input type="radio"/>

*Physician's medical evaluation required.