



House Rules / Non-Agency Disclosure and Acknowledgment Agreement

Please read carefully and fill in all fields before signing.
This is an agreement between Chang Diving Center CO.,Ltd and

Name: _____

I _____ hereby confirm that I will abide by the CDC's terms and conditions and house rules when using the equipment owned and provided by the facility, including CDC diving equipment.

I _____ take responsibility for any loss or damage that occurs.

I _____ agree to follow safe diving practices and environmental awareness. I will follow the instructions of the CDC dive staff, including the boat captain, when diving (the captain is responsible for the boat and passengers, so he has the final say on board, which includes choosing dive sites and cancelling trips for weather and safety reasons).

Any failure to follow safe diving practices or environmental awareness may result in the crew cancelling your dive. - In this case there is NO REFUND.

I _____ have read all current PRICELISTES for courses, fun dives, cancellation fees and agree to the terms and conditions.

I _____ also agree that if I am prevented or decide to cancel a course or activity, cancellation fees will be charged. If an activity of the next day is cancelled after 6:00 pm, a fee according to the cancellation fees will be charged.

I _____ understand that when I book and conduct a course, I am paying for the course, not for the certification. If the certification requirements are not met, the instructor will not certify the course.

_____ If for any reason I am unable to meet the performance requirements of the training agency (PADI, SDI, TDI), I have the option to continue with my training until the certification requirements are met. - An additional fee will be charged for continued training.

I _____ have read and understood the above points. The meaning and purpose of the rules are important to both your safety and the safety of CDC personnel.

I _____ understand and agree that PADI, SDI and TDI members ("Members"), including Chang Diving Center CO, LTD. and/or individual PADI, SDI and TDI Instructors and Divemasters associated with the program in which I am participating are licensed to use various PADI, SDI and TDI brands and to conduct PADI-, SDI and TDI training, but are not agents, employees or franchisees of PADI Americas Inc. , SDI, TDI, ERDI, PFI Americas or its parent, subsidiary and affiliate companies ("PADI, SDI, TDI")

I _____ further understand that the business activities of Members are independent and are not owned or operated by PADI, SDI or TDI, and that while PADI, SDI or TDI sets the standards for PADI, SDI or TDI diver education programs, it is not responsible for, nor has the right to control, the operation of the business activities of Members and the daily conduct of PADI, SDI or TDI programs and the supervision of divers by Members or their associated personnel.

I _____ further understand and agree on behalf of myself, my heirs and my estate that in the event of injury or death during this activity, neither I nor my estate will attempt to hold PADI, SDI or TDI liable for the actions, inaction or negligence of Chang Diving Center CO., LTD. and/or the instructors and divemasters associated with the activity.

I _____ HAVE INFORMED ME AND MY HERITAGE COMPLETELY OF THE CONTENT OF THIS NON-AUTHORIZATIONAL DISCLOSURE AND RECOGNITION AGREEMENT, WHICH I HAVE READ, BEFORE I SIGNED IT IN MY NAME AND IN THE NAME OF MY HERITAGE.

No changes, additions, omissions or revisions may be made.

Participant's Signature Date

Signature of Parent or Guardian Date

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Tech Diving

The _____ is the course you will be participating in. (Only ONE course can be listed on this form)

Please read carefully. If any questions arise, ask your instructor before signing. Fill in and initial each paragraph before signing at the bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of technical scuba diving activities

_____ Further, I understand that diving with compressed air, oxygen enriched air (nitrox), oxygen, or trimix supplied by standard open circuit scuba, semi-closed or fully closed circuit rebreathers involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my instructor(s) Chang Diving Staff, the facility through which I received my instruction, Chang Diving Center CO., LTD., International Training and Technical Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in anyway for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I further state that I am already a qualified and certified scuba diver from the following training agencies:

_____ and that I hold training to the level of _____. I am aware of the required certification level and/or experience necessary and recommended to enroll in this diving course and I stipulate I meet those requirements for prior certification or equivalent experience. I have been a certified diver since _____ and have been diving for _____ years for a total of _____ dives to a maximum depth of _____ M.

_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, Chang Diving Staff (AND OTHERS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION Chang Diving Center CO., LTD., THE TRAINING AGENCY TDI AND INTERNATIONAL TRAINING, AND TECHNICAL DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Student/Participant Date Month / Day / Year

Signature of Parent or Guardian (where applicable)

Witness Date Month / Day / Year

Diver Medical | Participant Questionnaire. Page 1-3

Participant Name _____ Birthdate _____

Recreational scuba diving and freediving requires good physical and mental health. There are a 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 Diver Medical Participant Questionnaire 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 dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving.

This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

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

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

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

I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
I am over 45 years of age	Yes <input type="checkbox"/> Go to Box B	No <input type="checkbox"/>
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="checkbox"/> *	No <input type="checkbox"/>
I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to Box C	No <input type="checkbox"/>
I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to Box D	No <input type="checkbox"/>
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="checkbox"/> Go to Box E	No <input type="checkbox"/>
I have had back problems, hernia, ulcers, or diabetes	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam)	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant 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) Birthdate (dd/mm/yyyy)

Instructor Name (Print) Facility Name: Chang Diving Center CO., LTD.

* 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 course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued Page 2-3

Participant Name _____

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A diagnosis of COVID-19.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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="checkbox"/> *	No <input type="checkbox"/>

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

Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
*Physician's medical evaluation required (see page 1).		

Diver Medical | Participant Questionnaire Continued. Page 3-3

Participant Name _____

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

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

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

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

Participant Name (Print) Birthdate (dd/mm/yyyy)