DIVING PROGRAM APPLICATION FORM

Date Name Time F Sex Μ Date of birth (Blood type $A \cdot B \cdot O \cdot AB$ age) Address TEL Relationship TEL. Name Emergency contact Height Weight Eye sight right Foot size kg Organization Number of previous dives C-card No. **COURSE** PAID **CHARGE** C/O Room No. ¥ Rental equipment (For tour diving) Receptionist 3 point set (mask fin snorkel) *Price includes tax. Regulator ¥ *Trial diving/include equipment rental fees. *Please show your C-card and log book, if you will be participating in Wet suit BCD ¥ tour diving(s), irrespective of organization not include equipments ¥ Full rental *Cancellation fee: day before that day after 6pm -50%. on that day -100%. *You can not participate diving, if you drink alcohol. TOTAL *Tell your instructor(s), if you are not feeling well. *Do not bring valuables. Please, understand that you can not dive if you have a flight on the same day. *We can not accept customers who are over 60 years old. MEDICAL HISTORY We can not accept snorkeling and diving tour if you have medical history that is following. Please check the follwing questions on your past or present medical history. ☐respiratory system problems □sinusitis peptic ulcer Ifrequent headache □diabetes □asthma □vertigo/tainting □alcohol abuse □epilepsy □otitis media(ear infection) ☐ taking sleeping drugs □ claustrophobia/agoraphobia □any heart disease □abnormal heart rhythm/palpitation □high or low blood pressure possibility of pregnancy □ behavioral health problems □surgery (The name Date of operation Please check none if you don't have medical history none LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK Please read carefully fill in all blanks before signing. , hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving. I understand and agree that neither my instructor(s), the facility through which I received my instruction, TOP MARINE Inc, nor any of their respective employees, officers, agents or assigns, (hereinafter referred to as "Released Parties") may be held liable or responsible in any way 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. I also understand that skin diving and scuba diving are physically strenuous activities and that will be exerting myself during this diving course, and that if I am injured as a result of a heart attack, panic, hyperventilation, 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 Signature Date

Signature of instructor(s)

Signature of Parents of Guardians Where Applicable