

Scuba Diving Course Participation Information

Dear Diver,

On behalf of the staff at Sunny Cove, I would like to thank you for choosing Sunny Cove to start your dive education. The staff of Sunny Cove are proud to introduce the excitement and fun of scuba diving to you by utilizing the most advanced teaching methodology created by the world's best dive educational organization – PADI.

PADI Open Water Diver course is the most popular introductory dive program in the world and this is your ticket to a lifetime of intense adventure! It enables an individual to earn a worldwide recognized certification within a couple of days, allowing them to dive independently with their buddy at anywhere in the world! The course only requires you a few hours of self-study, a four hours session pool practice session and a weekend off to an island to get your certificate! That's it and it's easy!

Included together with this document are *i) Medical Statement form, ii) Safe Diving Practice & Liability Release form and iii) Terms & Conditions form*. Please print out and submit to us the completed form during your theory session. There is also a diver particulars form on a separate document which you can fill it up electronically and have it email back to us by clicking the button on top of the form.

Throughout your course, should you have any queries, please do not hesitate to contact us. At the end of your course, you will be given a feedback form. We hope you can give us your most sincere feedback on our performance and how we can improve our service to serve other divers and you better in future. All queries and feedback will be treated with the strictest privacy.

I wish you all the best in your course and hope to see you in water soon!

Yours truly,

A handwritten signature in black ink, appearing to read "Thomas Koh", is written over a horizontal line.

Thomas Koh
Academic Director
PADI Master Instructor

ABOUT SUNNY COVE

Sunny Cove is one of the leading dive centres in Singapore under the Professional Association of Diving Instructors' (PADI). Since inception in early 2005, Sunny Cove has contributed significantly to the environment and trained hundreds of new divers to date. Sunny Cove has constantly been involved in collaborating with MediaCorp for several filming assistance and is proud to be awarded for progressive improvement since inception. Sunny Cove aims to be the leader in dive education and emergency care services, focusing on value, quality and customer service while not sacrificing on safety aspects.



Initial

Terms & Conditions

- _____ I am participating in a PADI scuba diving course/leisure dive trip organized by Sunny Cove LLP at my own risk. I will not hold the management and any crew of Sunny Cove LLP responsible for any physical damage or losses of my properties during the period of my participation;
- _____ I will comply with the safety instructions given by the crew of Sunny Cove LLP throughout my participation, failing which may result in being barred from further dives/certification. No refund of course fee paid will be made in part or full;
- _____ I will personally examine all rental gears allocated to me & I will be liable for any physical damages or losses of scuba equipment that is under my charge during my participation. Failure to reimburse the amount needed to replace or repair the equipment will result in non-certification regardless if I had completed all course requirements;
- _____ I will not hold the management and any crew of Sunny Cove LLP responsible for any monetary refund in the event of any trip delay, cancellation due to unfavorable poor weather or tidal conditions, transportation breakdown during the trip. Sunny Cove LLP will undertake to make necessary arrangement should any of the above situations arise;
- _____ Insurance coverage is available at an additional top up fee and I am strongly encouraged to purchase for my own benefits. I will not hold the management and any crew of Sunny Cove LLP responsible should I not get myself insured;
- _____ I will need to participate in a scuba review or re-course as determined by Sunny Cove LLP in the event that I am not certified within three (3) months after completion of course due to either failure to submit photograph for certification or failure to complete the modules as specified under the specific course requirements. Failure to pay and participate in the scuba review or re-course as required will result in non-certification regardless if I had completed the earlier course requirement. No refund of course fee paid will be made in part or full;
- _____ I will incur a cancellation penalty, as stipulated on the terms and conditions listed on the website, based on the number of days I had inform the management or any crew of Sunny Cove LLP in advance via email. In the event that I decided to postpone the dive course or dive trip two (2) days before departure, I will incur an additional of Singapore Dollar One Hundred Sixty (SGD160) on top of the fee I had paid. Failure to reimburse will result in forfeiture of the entire fee without certification.

I have fully read the terms and conditions stated and I affirmed that I am participating in the above mentioned sport at my own risk.

Name: _____

Passport/NRIC Number: _____

Date: _____

Signature: _____

MEDICAL STATEMENT
Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ Management & Staff of Sunny Cove _____ and
Instructor

Sunny Cove LLP – PADI 5 Star Dive Centre #36073 _____ located in the
Facility

city of _____ Singapore _____, state/province of _____ Singapore _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

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. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hemia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date Signature of Parent or Guardian Date



STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a diver I should:
(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive table usage. Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – **S**lowly **A**scend **F**rom **E**very dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which
Participant Name
may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or 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), _____, the facility through which
Management & Staff of Sunny Cove
I receive my instruction, _____, nor International PADI, Inc. nor its affiliate and sub-
Sunny Cove LLP – PADI 5 Star Dive Centre #36073
Facility Name

sidary corporations, nor any of their respective employees, officers, agents, contractors 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, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

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 understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,
Participant Name
_____, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,
Management & Staff of Sunny Cove
_____, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS
Sunny Cove LLP – PADI 5 Star Dive Centre #36073
Facility Name

DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)



PADI
padi.com

Name (Please Print) _____ Date _____

Open Water Diver Course - Quizzes 1-4 - Answer Sheet

Directions: Upon making your answer choice, COMPLETELY fill in the space below the proper letter. If a mistake is made, erase your selection or place a dark **X** through your first answer.

Quiz 1 A B

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature _____

Date: _____

Day / Month / Year

Quiz 2 A B

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature _____

Date: _____

Day / Month / Year

Quiz 3 A B

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. Place options in the correct order:
_____ 6 _____
10. A B C D

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature _____

Date: _____

Day / Month / Year

Quiz 4 A B

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D

STUDENT STATEMENT: I have had explained to me and I understand the questions I have missed.

Student Signature _____

Date: _____

Day / Month / Year

