# DSD □ Course □ Diver □ Snorkelling □

First name:				Surname:				
Date of Birth:			Place of I	Birth:	irth: M 🗆 F 🗆			
Passport number:				Occupation:				
Street: No:				Country o	Country of Residence:			
Post Code:	City:	City:			Nationality:			
Mobile no:				E-Mail:				
Hotel: Room n			m no:	no:		Pick up: yes 🗌 no 🗌		
Arrival date:	Departure date:			Pictures: yes 🗌 no 🗌				

I have been informed that this entity will treat and save data given on this form and on accompanying documentation that alongside this form will be used for administrative purposes.

#### Basic information about data protection:

Responsible: GOETZ WOLFGANG SCHÄFER. / Purpose: Administrative management for service users.

Legitimization: Consent of the interested party. / Recipients: The data may be handed to third parties (i.e. these insurance agencies: DAN Europe Foundation, IDA Insurance Ltd.)

Rights: Access, rectify and delete data, as well as other rights explained in additional information.

Additional information: You can consult the additional and detailed information about data protection at the address, Avd. Jablillo S/N Hotel Galeón Playa in 35508 Costa Teguise or online at www.daivoon.com

I grant permission to use my pictures and transfer the image rights.

Basic information about data protection:

Responsible: GOETZ WOLFGANG SCHÄFER. / Purpose: Make photographs of your person and use them in promotional materials (graphics, website, as well as other multimedia platforms such as social networks) for promotional purposes.

Legitimization: Consent of the interested party. / Recipients: Data will not be handed over to third parties unless there is a legal obligation.

Rights: Access, rectify and delete data, as with other rights explained in additional information.

Additional information: You can consult the additional and detailed information about data protection at the address, Avd. Jablillo S/N Hotel Galeón Playa in 35508 Costa Teguise or online at www.daivoon.com.

## For certified divers

Certification level:	Number	Deepest		Date of	
	of dives:	dive:	m	last dive:	

Insurance statement: I confirm that I am aware that treatment costs of the hyperbaric chamber or hyperbaric medicine must be met by myself through the purchase of a suitable diving insurance policy. I also confirm that I am aware that general travel insurance policies, third party diving insurances policies (BSAC), National Health Service arrangements (E111) do not cover hyperbaric treatment / transport costs and that these costs may exceed 5.000  $\epsilon$  and I need to cover them myself.

### I therefore confirm one of the following (please tick a box):

□ I confirm that I possess a valid insurance cover for potential diving accidents/injuries, especially hyperbaric therapy in a chamber, transport and rescue costs.

□ I wish to purchase insurance for my diving activities.

# For diving centre

Tank: 7 L 🗌 10	L 🗌 11 L 🗌 12L	🗌 12LL 🗌 15L		Insurance:	1 day		Week		montl	ı	
Suit: /	BCD:	Reg:	Reg: B		Fins:		ask: Com		Comput	puter:	
Weight:	Pictures: mad	e 🗆 sent 🗆	nt 🗆 SSI registration: 🗆 Cert: 🗆 Payed: dep			eposit total					
Datum	Was	Wo	Ко	mmentare					В	oot	EAN

I \_\_\_\_\_\_ herby agree to participate in diving activities and/or snorkel or diving courses, conducted by Daivoon Dive Center, owner Goetz Schäfer - X9638447K, 35508 Costa Teguise, Lanzarote, Spain or appointed members of staff.

Participation conditions - to be effective with the start of activities on the:

- 1. The participation in diving activities and courses happens at one's own risk. I am aware that snorkeling and scuba diving are potentially dangerous activities with implicit stresses and strains.
- 2. I shall not enforce any liability claims against Daivoon or it's appointed staff members, except in the case of gross negligence.
- 3. In the event of an incident, I authorize the staff of Daivoon in the situation where I am incapable of making decisions, to do everything necessary on my behalf. I will pay all expenses, should they exceed my insurance cover.
- 4. I agree to treat the equipment rented to me with due care and attention. In case of damage, pollution (e.g. urine), or loss, as a result of my carelessness, I agree to meet the cost of replacement, repair or additional cleaning.
- 5. I acknowledge that the Dive Centre does not accept liability in the case of theft, damage or loss of private property whether from the Centre, Dive Site or in the water.
- 6. The minimum age for open water dives is 8 years. For minors, it is necessary that a parent/guardian gives written consent.
- 7. During diving activities the instructions of the diving instructors or centre staff members must be adhered to.
- 8. If a dive is abandoned for reasons outside of the control of the diving centre, there is no right to claim a refund, this also applies diving courses.
- 9. I acknowledge that safe diving practice precludes solo diving and agree to stay with my appointed buddy during all aspects of the dive.
- 10. I agree to abide by all local laws for the protection of the environment and specifically not to collect any living plants or animals, not to hunt or harpoon.
- 11. I agree not to dive: after large meals, after consumption of alcohol or drugs, after intense sunbathing, with congested sinuses, when over fatigued, with in incapacitating injury or general bad physical condition, general illness, as well as on the arrival or departure day.
- 12. I understand and agree that my personal data will be saved as an electronic record and in the case of a diving course, the necessary personal data will be electronically transmitted to the appropriate diving organization **PADI, SSI** or **SUB** that will issue the diving certificate.
- 13. All personal data that is not needed for legal purposes or certifications can be deleted on request.
- 14. I confirm that I am able to swim at least 25m.
- 15. To ensure your safety Daivoon checks and maintains its equipment to a high standard. It is however the responsibility of every certified diver to ensure the working condition of equipment prior to every dive.

I have read and understood the participation conditions and confirm that I am fully aware of the risks of snorkeling and scuba diving and that I have been advised about the Safe Diving Practices adhered to by Daivoon Dive Center. Furthermore I declare that all the information I have provided about my personal data, medical history and diving history are accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

Date:	Signatu	ıre

In the case of minors, Parent/Guardian

Emergency contact:

Name:	Mobile nr:
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