Participant Registration

☐ Snorkelling ☐ Try out ☐ Course ☐ Guided dives

PERSONAL DETAILS

FIRST NAME	SURNAME	DATE OF BIRTH
PASSPORT / ID	**NATIONALITY**	**COUNTRY OF LIVING**
ADDRESS	**POSTCODE**	**TOWN**
MOBILE	**EMAIL**	**OCCUPATION**
HOTEL / ACCOMMODATION	**EMERGENCY CONTACT NAME**	**EMERGENCY CONTACT TELEPHONE**
ARRIVAL DATE	**DEPARTURE DATE**	**PICK UP**
		◯ YES ◯ NO

DATA PROTECTION

I acknowledge that I have been informed that **GOETZ WOLFGANG SCHÄFER**, trading as **Daivoon Diving Center**, as Data Controller, will process and store the personal data provided in this form and any accompanying documentation for the purpose of managing the requested services.

Basic information about data protection
Controller: GOETZ WOLFGANG SCHÄFER, trading as Daivoon Diving Center.
Purpose: Administrative management of service users and the provision of diving and snorkelling activities.
Legal basis: Performance of a contract and, where applicable, the data subject's consent.
Recipients: Where necessary, personal data may be disclosed to third parties involved in the provision of the requested services, including insurance providers (e.g. ARAG, Dive & Travel Solutions), diving training and certification organisations (e.g. SSI), or where required by law.
Your rights: You have the right to access, rectify and erase your personal data, as well as to exercise the other rights explained in the detailed Privacy Policy.
Further information: The full Privacy Policy is available at www.daivoon.com or at the address Calle las Conchas, Local 4, 35508 Costa Teguise.

☐ **I have read and understood the above information.**

PHOTO & VIDEO CONSENT (OPTIONAL)

☐ **I consent to Daivoon Diving Center taking photographs and video recording during the diving or snorkelling activity. I understand that photographs and videos are taken of the group and the activity as a whole and may include me together with other participants. The photographs and videos will be securely stored and made available only to participants of the same activity through a secure online gallery, where they can view and purchase the images.**

Basic information about data protection
Controller: GOETZ WOLFGANG SCHÄFER, trading as Daivoon Diving Center.
Purpose: To take, store and provide photographs and video recordings to participants through a secure online gallery for viewing and purchase.
Legal basis: Consent of the data subject.
Recipients: Where necessary, personal data may be disclosed to service providers acting on our behalf (e.g. cloud storage or online gallery providers) or where required by law.
Your rights: You may withdraw your consent at any time. You also have the right to access, rectify and erase your personal data, as explained in our Privacy Policy.
Further information: The full Privacy Policy is available at www.daivoon.com or at at the address Calle las Conchas, Local 4, 35508 Costa Teguise.

☐ **I consent to Daivoon Diving Center using photographs and videos in which I appear for promotional purposes, including on its website, printed materials and social media channels.**

DIVING EXPERIENCE

CERTIFICATION LEVEL	APPROX. LOGGED DIVES	DATE OF LAST DIVE	DEEPEST DIVE (METRES)

INSURANCE STATEMENT (for certified divers)

Valid diving accident insurance is mandatory for participation in our diving activities in Spain.

I understand that any costs arising from diving accidents, including **hyperbaric (recompression) treatment, emergency transport and rescue**, are my responsibility unless covered by an appropriate diving insurance policy.
I understand that general travel insurance, third-party liability diving insurance, and the European Health Insurance Card (EHIC) may not cover these costs. Hyperbaric treatment and emergency treatment can involve substantial costs, for which I may be personally liable.

Please tick one box:

☐ I confirm that I have valid diving accident insurance covering, as a minimum, hyperbaric (recompression) treatment, emergency transport and rescue costs.

☐ I wish to purchase the required diving accident insurance offered by Daivoon Diving Center's insurance partner.

I hereby agree to participate in diving and/or snorkelling activities conducted by **Daivoon Diving Center**, owned by **Goetz Wolfgang Schäfer (NIE X9638447K)**, Costa Teguise, Las Palmas, Spain, or by authorised members of its staff.

These participation conditions apply from the first day of activities and remain valid for all diving and snorkelling activities during the participant's stay, unless otherwise agreed.

First day of activities: **_____ .**

PARTICIPATION CONDITIONS

1. I understand that snorkelling and scuba diving involve inherent risks and may result in serious injury, illness or death. I voluntarily choose to participate in these activities and accept these risks.
2. I agree to follow all instructions given by Daivoon Diving Center instructors and staff at all times.
3. In the event of an accident or medical emergency, and where I am unable to make decisions for myself, I authorise Daivoon Diving Center staff to arrange any medical treatment or emergency assistance considered necessary. I understand that any costs not covered by my insurance remain my responsibility.
4. I agree to treat all rented equipment with due care. In the event of damage, excessive contamination (e.g. urine), loss or theft caused by my negligence, I agree to pay the reasonable costs of repair, replacement or cleaning.
5. Daivoon Diving Center is not responsible for loss, theft or damage to personal belongings unless caused by its negligence.
6. The minimum age for participation in open water diving activities is **10 years**. Participants under the age of 18 require the written consent of a parent or legal guardian.
7. Safe diving practices require divers to remain with their assigned buddy unless otherwise instructed by a dive professional. I agree to follow this practice throughout the activity.
8. I confirm that I will only participate in activities appropriate to my certification and experience level unless I am under the direct supervision of a qualified dive professional as part of a recognised training programme.
9. I agree not to participate in diving activities while under the influence of alcohol or drugs, or while suffering from illness, fatigue, injury, congestion or any condition that could impair my ability to dive safely.
10. I agree to respect the marine environment and comply with all applicable environmental regulations. I will not intentionally disturb, collect, feed, harass or remove marine life, nor damage the underwater environment.
11. I confirm that I am able to swim at least 25 metres**.**
12. Daivoon checks and maintains its equipment to a high standard. However, every certified diver is responsible for checking that the equipment they use is in proper working condition before each dive.
13. Personal data will be processed in accordance with the Privacy Policy provided separately.
14. Daivoon Diving Center reserves the right to refuse participation or discontinue an activity where reasonably considered necessary for safety reasons, inappropriate behaviour, failure to follow instructions, insufficient skills or fitness, or any other circumstance that may compromise the safety or proper conduct of the activity. In such cases, no refund shall be given.
15. Daivoon Diving Center and its staff shall only be liable where required by applicable law. Nothing in these Participation Conditions excludes or limits liability that cannot legally be excluded under Spanish law.
16. These Participation Conditions shall be governed by and interpreted in accordance with the laws of Spain.
17. **Cancellations made at least 24 hours before the scheduled start of the activity are eligible for a full refund. Cancellations made less than 24 hours before the scheduled start of the activity, no-shows, as well as a participant's decision not to commence the activity, are non-refundable.**
18. If Daivoon Diving Center determines that an activity cannot be safely carried out due to weather or sea conditions, government restrictions, force majeure, or other circumstances beyond its control, it may be rescheduled or an alternative offered. If neither is possible, the affected activity will be refunded. This does not apply to cancellations by the guest.
19. By commencing the activity, each participant acknowledges and agrees to its commencement under the conditions prevailing at that time. Once the activity has commenced, no refund shall be given if it is interrupted or terminated, except in cases of gross negligence by Daivoon Diving Center.
20. I agree to arrive at the agreed meeting time. If my late arrival or non-arrival results in a missed activity or departure, I understand that I may not be able to participate and no refund shall be given.

DECLARATION

I confirm that **I have read and understood these Participation Conditions**.

I declare that the personal information, medical **information** and diving history I have provided are **true**, **complete** and **accurate** to the best of my knowledge. I accept responsibility for any omission or inaccurate information provided by me.

I confirm that I have had the opportunity to ask questions regarding these Participation Conditions and that all my questions have been answered to my satisfaction.

Participant name	Participant Signature	DATE
Parent/Legal Guardian (if participant is under 18 years of age)	**Parent/Legal Guardian´s Signature**	**DATE**

Diver Medical | Participant Questionnaire

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*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to box **A**	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box **B**	No ☐
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 ☐*	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to box **C**	No ☐
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to box **D**	No ☐
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 or developmental disability.	Yes ☐ Go to box **E**	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☐
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes ☐*	No ☐

Participant Signature

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 (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 course requires your physician's approval.

Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
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 ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ☐

BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
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 ☐*	No ☐

BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐

BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐*	No ☐

BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

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

*Physician's medical evaluation required (see page 1).