



DIVER REGISTER

Personal Record

Name:	
Address:	
Date of Birth:	
Phone:	
Email Address:	
Department:	
Status:	Permanent staff / Temporary staff / Visitor / Students

Emergency Contact

Name:	
Phone:	
Relationship:	

Diving

Highest Certification Level:	
Certification Agency:	
Date of Last Dive:	

Signature:	
Date:	



STATEMENT OF UNDERSTANDING AND WAIVER

As a diver with **UNIVERSITI MALAYSIA TERENGGANU (UMT)** I will:

1. Be in good mental and physical condition for diving at all times.
2. Avoid being the influence of alcohol or drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. UMT staff may disqualify me from diving activities if I am or was still under influence or have a hangover.
3. Engage only in diving activities consistent with my training, comfort and experience.
4. Listen carefully to the dive briefings and respect the advice of the dive guides supervising my activities.
5. Adhere to the buddy system throughout every dive.
6. Never exceed the depth or time limitations planned by the dive guides and never exceed the maximum depth according to my level of certification for recreational diving.
7. Ascend no faster than 30 feet per minute and do a three (3) minute safety stop at five (5) metre on all dives.
8. Understand that the failure to respect fragile reef systems by deliberately touching the reef could result in the premature termination of my planned dives.
9. Inspect all of my equipment prior to the diving and will notify the diving officer/instructor/dive master if any of my equipment is not working properly. I agree that the use of said equipment is at my own risk. I will not hold the released parties responsible for my failure to inspect my equipment prior to diving. I shall return the same in good order and working condition and shall be financially liable for any deviations therefrom.

I, _____, (**name**) have read, fully understand and will conform with all the above statements. I hereby exempt and release UMT and all the agents associated from all liability for personal injury, wrongful death or property loss or damage.

LIABILITY RELEASE AND ASSUMPTION OF RISK

I, _____, (**name**) understand and agree that neither my UMT guide(s), instructors or dive master, or other staff; UMT, or any of their respective employees, officers or agents; or travel partners (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, estate, heirs or assigns that may occur as a result of my participation in this scuba diving or as a result of the negligence of any party, including the released parties, whether passive or active.

Signature of acceptance of above statement

Signature: _____ Date: _____

I, _____, (**name**) further understand that diving with compressed, and any mixture of oxygen and nitrogen (nitrox), air involves certain inherent risks include, but are not limited to, drowning, decompression sickness, embolism, or hyperbaric injuries can occur that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea; all of which can result in serious injury or death. I understand the excursion will be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and emergency medical facilities. I still choose to participate in scuba diving activities.

In consideration of being allowed to participate in scuba diving activities, I hereby personally assume all risk in connection with scuba diving, for any harm, injury or damage that may befall me while I am participating in scuba diving, including all risks connected therewith, whether foreseen or unforeseen.

Signify your agreement with the following statements with your initials

____ I further hold harmless released parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in scuba diving activities, including both claims arising during scuba diving and after participating.

____ I also understand that scuba diving is a strenuous activity and that I will be exerting myself while scuba diving, and if I am injured as a result of heart attack, panic, hyperventilation, etc. That I expressly assume the risk of said injuries and that I will not hold the released parties responsible for same.

____ I further state that I am of lawful age and legally competent to sign this liability release.

____ 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.

I, _____, (**name**) by this instrument do exempt and release any and all related entities as defined above, from all liability or responsibility whatsoever. I have fully informed myself of the contents of this liability release and express assumption of risk by reading it before I signed it on behalf of myself and my heirs.

Signature of participant: _____ Date: _____

