



DIVE QUESTIONNAIRE

Name of yacht: _____ Departure date: _____

Personal Information
 Full Name: _____
 Date of Birth: _____
 Passport Number: _____
 Do you have diving Insurance? **Yes** **No** If yes, what type? _____

Diving Information
 Scuba Certification Agency: _____
 Certification Number: _____ Date of Certification: _____
 How do you rate yourself as a diver? **Beginner** **Intermediate** **Advanced** **Expert**
 Number of open water dives since certified? _____
 Number of open water dives during the last year? _____
 Date and place of last open water dive: _____

Medical Information
 How do you rate your health in general? _____
 Have you had decompression sickness, bends, or other diving accidents? _____
 Do you have asthma or emphysema? _____
 Have you ever suffered from any mental problems? _____
 Are you currently on a special diet? _____

Note: On board you will be asked to fill out a more detailed medical questionnaire.

1. I confirm that I am aware that diving in the Galapagos is for experienced divers only.
2. I confirm that I am aware that diving in the Galapagos takes place in cold water with strong currents and surges.
3. I confirm that the dive master on board is there to guide my diving, but not to care for me personally.
4. I confirm that I must always remain with my "buddy" while diving in the Galapagos.
5. I confirm that I will obey the instructions of the dive master on my cruise and understand that his/her assessment of my diving ability will be final and binding and that he/she may exclude me from certain dives.
6. I confirm I understand that the remoteness of the area, weather conditions, operational difficulties may result in the substitution of the faculties and/or equipment as well as minor inconvenience or modification to the diving portions of the agreed dive itinerary.

IMPORTANT:

In case of medical emergency, I authorize the captain and/or crew of the vessel to administer first aid or get proper medical attention if necessary. I understand that the nearest operational decompression chamber is many hours away and requires air evacuation. The time involved with boat and air transport poses additional risks to my personal safety. I voluntarily accept this additional risk and am fully prepared to pay all expenses related to transportation, decompression chamber treatment, medical and all other expenses incurred on behalf of myself and/or family that will accompany me.

Note: Unforeseen circumstances can and do happen, therefore, Quasar Nautica strongly recommends the purchase of trip cancellation insurance, as well as accidental, medical and luggage insurance.

Have you purchased trip cancellation insurance? **Yes** **No**

By checking "NO" you are agreeing to the terms of the Booking and Cancellation policy of Quasar Nautica, Galapagos Expeditions.

Having read the above and signed the Dive Waiver and Release of Liability Form given to me by Quasar Nautica, I declare that all the information I have recorded above is correct.

Signature

Date