



DECLARATION OF RISKS AND RESPONSIBILITIES

Before signing, please read carefully and fill in all the spaces left blank.

ANAGRAPHIC DATA, LEVEL OF EDUCATION AND UNDERWATER EXPERIENCE

FIRST NAME _____ LASTNAME _____

DATE OF BIRTH _____ RESIDENT IN _____

PROV. _____ STATE _____

EMAIL _____ TEL. HOME / OFFICE /CELL _____

SCUBA CERTIFICATION (LEVEL) _____ CERT.DATE _____

ISSUED BY (DIDACTIC AGENCY) _____ CERIFICATION N. _____

DIVING SERVICE TYPE REQUIRED:

Guided Dives (IG) art. 6.3 Standard UNI EN 14467: 2006 ISO 24803

Organized Dive (IO) art. 6.2 Standard UNI EN 14467: 2006 ISO 24803

This statement is to inform you about the risks inherent scuba diving and skin diving; information that is understood, explained and clarified in all the courses you have attended from the basic level.

Your signature on this declaration is required as proof that you have received and read it; it is important that you read its contents before signing it. If you do not understand something included in this declaration, please discuss it with our staff, with our guides, with your instructors.

If you are a minor, the form must also be signed by your parent / guardian.

I DECLARE

1. to be in possession of medical certification for the suitability of the scuba diving activity;
2. to be in psychophysical conditions suitable for diving; and therefore, just as an example, of not having taken and not taking, in the 48 (forty-eight) hours preceding the dive, narcotic and / or psychotropic substances, of not being under the effect of drugs, of not having exceeded in the consumption of alcoholic beverages and food;
3. to be aware of the risks, foreseeable and unpredictable, connected to the practice of diving and, moreover, to take them consciously;
4. to know and comply before, during and after the dive, with all the rules, safety provisions and limitations granted and relating to the technique of sport diving, also in consideration of the diving license held, as well as my level of training and experience;
5. to uniform myself to the body system for the whole dive and plan it in advance with my partner, including communication systems, procedures for finding the partner in case of separation and emergency procedures;

6. to observe and comply with national or area laws such as, for example, ordinances of the Coast Guard, Regulations of Marine Protected Areas and in general the instructions given by the personnel responsible for the boat and the Guides in charge.
7. in the case of recreational dives, carry out all dives within the limits set by the safety curve, whether you use a dive computer or use traditional dive tables;
8. in the case of equipment owned by me, to carry out all the dives with suitable equipment and equipment and in perfect state of efficiency and maintenance.
9. not to practice any type of fishing during the dive, nor to pick up marine objects or organisms.
10. to have a sound signaling device, a footboard or an inflatable surface ball; in night dives or in conditions of poor visibility, to be equipped with at least one battery and a strobe light
11. to authorize the professionals of SEALAND ADVENTURE srl to administer pure oxygen where they deem it necessary.

MEDICAL DECLARATION / COVID-19 - MEDICAL QUESTIONNAIRE FOR DIVERS

The purpose of this medical questionnaire is to apply what is suitable for diving. Answer with a YES or NO. If you are unsure, answer YES. An affirmative answer indicates a probable condition that could affect your diving safety. If one or more points of view are indicated below, a specialist in diving medicine is required before participating in diving activities.

In the 40 days preceding the compilation of this medical questionnaire:

1. ARE YOU POSITIVE OR POSSIBLY POSITIVE RESULT AT COVID 19 (NEW CORONAVIRUS OR SARS-COV2) OR HAVE YOU BEEN IDENTIFIED AS A POTENTIAL CARRIER OF CORONAVIRUS?

YES___ NO___

2. DID YOU HAVE COMMON SYMPTOMS ASSOCIATED WITH COVID-19? (FEVER; COUGH; FATIGUE OR MUSCULAR PAIN; RESPIRATORY DIFFICULTIES; SORE THROAT; PULMONARY INFECTIONS; HEADACHE; LOSS OF TASTE; DIARRHEA)?

YES___ NO___

3. HAVE YOU VISITED PLACES WHICH ARE DECLARED AS DANGEROUS AND / OR AT THE RISK OF INFECTION FROM COVID-19 BY THE COMPETENT HEALTH OR LEGISLATIVE AUTHORITIES?

YES___ NO___

4. HAVE YOU BEEN IN DIRECT CONTACT OR IN IMMEDIATE VICINITY OF PEOPLE THAT HAVE BEEN POSITIVE OR POSSIBLY POSITIVE TO COVID-19?

YES___ NO___

The information I have provided on my medical history is accurate to the best of my knowledge. I accept that any omission in communicating details relating to my current or past health condition falls under my responsibility.

I also agree to inform SEALAND ADVENTURE SRL regarding any symptoms you may experience even after completing this declaration and / or after coming into contact with someone who has tested positive for COVID-19 after signing this declaration.

Full name _____ Date _____

Signature _____

Full Name of Parent / Guardian (if applicable)_____

Date_____ Signature of Parent / Guardian_____

ADDITIONAL STATEMENTS / COVID-19

I AGREE, if asked, to wear a protective mask while participating in all the activities organized by SEALAND ADVENTURE SRL and to take all reasonable preventive measures that could be done to me be requested by these or by any competent public authority.

I AGREE to observe all the instructions provided by SEALAND ADVENTURE SRL with the aim of complying with current regulations on the prevention of virus transmission, including the need to undergo body temperature measurement, if required, before participating in underwater activities.

I ACKNOWLEDGE and AGREE that this questionnaire will come shared by SEALAND ADVENTURE SRL with the competent authorities or service providers, with the aim of ensuring the safety of any third party who may have been in contact with me before, during or after carrying out diving activities.

Full name_____ Date_____ Signature_____

Full Name of Parent / Guardian (if applicable)_____ Date_____

Signature of Parent / Guardian_____

COVID-19 shares many symptoms of other serious viral pneumonia, which require a recovery period before returning to normal activities - a process that can take weeks or months depending on the severity of the symptoms (1).

MEDICAL RECOMMENDATIONS (2):

• Divers who have suffered from symptomatic COVID-19 should wait a minimum of TWO months, preferably THREE, before resuming scuba diving.

Divers who have tested positive for COVID-19, but who have remained completely asymptomatic, should wait at least ONE month before resuming their dive.

Divers who have been hospitalized with COVID-19-related lung symptoms should, after a waiting period of three months, undergo a full lung function test and a cardiac evaluation with echocardiography and exercise test (exercise electrocardiography) to ascertain normal cardiac function before returning to diving.

REFERENCES:

(1) **Return to Diving Post COVID-19** - published by Undersea and Hyperbaric Medical Society (UHMS) in the USA.

(2) **Diving after COVID-19 pulmonary infection**. The position of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG).