

JUNIOR DIVER SUBSCRIPTION

SIGN UP

NAME			
DOB			
ADDRESS			
PARENT/GUARDIAN EMAIL			
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE	
INSURANCE DETAILS			
DIVE CERT DETAILS			

£35.00 per month

SUBSCRIPTION BENEFITS

- 2 days of full equipment rental
- 2 days of guided dives
- 4 tank sessions
- 40% discount on all PADI courses
- Personalised goal path
- Access to closed Facebook group
- Priority booking on all dives, environmental activities and trips
- Monthly social invitation

DATA PROTECTION

Your personal details will be kept on file for 7 years. They are held securely in a locked filing cabinet. When we process your certifications, we will share your name, address, date of birth and email address with PADI. Please request a copy of our Privacy Policy if you would like more information.

KEEP ME UPDATED

We send out newsletters and marketing information from The Fifth Point and our online retailer The Honest Diver.

- ☐ Keep me updated with news and deals from The Fifth Point Diving Centre
- ☐ Keep me updated with news and deals from The Honest Diver Supply Co

SIGNATURE		DATE	
PARENT/GUARDIAN SIGNATURE		DATE	

TERMS AND CONDITIONS

MEMBERSHIP

1. The Fifth Point reserves the right to vary the benefits associated with each level of membership.
 - a. Typically, these will be reviewed during December each year with all changes being communicated via email.
 - b. It is the responsibility of the customer to ensure that their full benefits are received.
2. Members may change their membership level at any time.
 - a. Requests to change subscription must be received two weeks prior to the direct debit payment date.
3. Members have the option to "pause" their subscription. Monthly payments will reduce to £10.00.
 - a. During this time, the member will lose all wet benefits (equipment hire, guiding, tank sessions etc) but will retain dry benefits (retail discount, training discount, Facebook group access, social invites etc).
 - b. Requests to pause subscription must be received two weeks prior to the direct debit payment date.
 - c. Full subscription will automatically resume the following month.

DIVING

4. Members will be required to renew their Diver Pack including RSTC Medical Statement every 12 months.
 - a. If within the 12-month period the member's health changes resulting in adjustments to any of the questions in the document, a new statement must be completed, and doctor's approval sought if required.
5. The Fifth Point follows all relevant HSE Diving regulations and all relevant PADI Standards.
 - a. Risk assessments and Dive Evaluations are conducted prior to each dive.
 - b. All decisions are based on diver safety and comfort.
 - c. If it is deemed that a dive must be cancelled, The Fifth Point will notify members at the earliest possible time.
6. When diving at open water dive sites, members must:
 - a. Complete all shore cover paperwork
 - b. Report to shore cover before entering the water
 - c. Report to shore cover upon returning from the water
 - d. Follow the instructions of their dive guide
 - e. Adhere to timings
 - f. Follow all Standard Safe Diving Practises
7. It is the responsibility of the member to ensure they are fit for diving on any given day and the planned dives are within their experience, training and comfort levels.

EQUIPMENT RENTAL

8. Equipment rental is subject to availability. Members must pre-book their equipment rental.
9. Members wishing to cancel booked equipment rental must do so at least 48 hours prior to the dive.
 - a. Late cancellation will incur loss of credit for the equipment rental.
10. Equipment rental is only available to members who are diving with The Fifth Point.
 - a. The Fifth Point will provide all equipment to members at the dive site.
 - b. Members are not permitted to use rental equipment when not under supervision of The Fifth Point
11. It is the responsibility of Members to ensure equipment is in good working order.
 - a. Members must conduct pre-dive safety checks and buddy checks before entering the water.
 - b. Members are responsible for checking both the quality and quantity of gas in any scuba tank(s).
12. The Member agrees to reimburse The Fifth Point for the loss or breakage of any and all equipment at the current replacement value.

GUIDED DIVES

13. Guided dives are subject to availability. Members must pre-book their guided dives.
14. Members wishing to cancel booked guided dives must do so at least 48 hours prior to the dive.
 - a. Late cancellation will incur loss of credit for the dive.

TANK SESSIONS

15. Tank sessions are limited to 1-hour water time and must start and end promptly at the agreed times.
16. Tank sessions are subject to availability. Members must pre-book their tank sessions.
17. Members wishing to cancel booked tank sessions must do so at least 48 hours prior to the session.
 - a. Late cancellation will incur loss of credit for the session.
18. Tank sessions include full equipment rental and are subject to the same terms and conditions as listed in the Equipment Rental section.
19. Tank sessions are supervised by surface support. In water tuition/buddy support can be requested but may incur additional costs.

PADI COURSE DISCOUNTS

20. Discount is available on the published price of courses.
 - a. This discount is NOT available on courses which are already discounted from the published price, nor courses provided by a third party.

FACEBOOK GROUP

21. Members agree to conduct themselves appropriately online.
 - a. Instances of bullying, abuse, racism, slander etc will not be tolerated.
 - b. Inappropriate language will not be tolerated.
22. Members will be removed from the group if admins deem their behaviour inappropriate.
23. Parent/Guardians are also invited to join the Facebook group if they would like to monitor content and behaviour.

PRIORITY BOOKING

24. Members will receive notification via the closed Facebook Group of dives, environmental activities, trips etc. at least 2 weeks before events are published on Facebook Page or The Fifth Point website.

SOCIALS

25. Monthly socials will be announced in the closed Facebook Group.

This agreement is a release of the Member's rights to sue for injuries or death resulting from the rental and/or use of The Fifth Point equipment. The Member expressly assumes all risks of skin and/or scuba diving related in any way to the rental and/or use of this equipment.

This agreement is a release of the Member's rights to sue for injuries or death resulting from supervision and/or guiding during skin and/or scuba diving activities. The Member expressly assumes all risks of skin and/or scuba diving.

The Member also understands that The Fifth Point and its employees, owners, officers or agents, shall not be held liable or responsible in any way for any injury, death or other damages to the member or his/her family, heirs, or assigns which may occur as a result of skin and/or scuba diving activity.

SIGNATURE		DATE	
PARENT/GUARDIAN SIGNATURE		DATE	



Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, _____, and my/our child, _____, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

Parent/Guardian Name

Parent/Guardian Signature

(Day/Month/Year)

Participant/Minor Name

Participant/Minor Signature

(Day/Month/Year)



GENERAL TRAINING

(EU Version)

Please read carefully and fill in all blanks before signing

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff.

Statement of Risk and Liability

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

Warning

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips that are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, _____ instructor(s), nor the facility through which this programme is conducted, _____ store/resort, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, _____ instructor(s), the facility through which this programme is offered, _____ store/resort, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

Participant Name (Please Print)

Participant Signature

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)



Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a **SAFE** diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor

_____ located in the
Facility

city of _____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date Signature of Parent or Guardian Date