

**Bouley Bay Dive Centre Camp/action weeks registration and consent form.**

We are required to obtain the below information to register for our camps in addition to the online registration. This is for our CEYS obligations we must retain this information in line with our data protection policy.

**Participant name:**

**Date of birth:**

**Name and contact details of parent/ carer :**

**Who is authorised to collect the participant/ contact information:**

**Emergency contact details:**

**Does the participant have any medical conditions that we should be aware of ?  
( If scuba diving a medical form is required to be completed and if there are any conditions where a yes is ticked on that form a GP approval is required)**

**Any other information we should know about for supporting the participant during the activity?**

**I confirm my child can swim:**

**Yes                  No**

**I confirm my child is medically fit to partake in the provided activities:**

**Yes                  No**

**I give consent for my child to attend the club and participate in the activities specified:**

**Yes                  No**

**I give consent for Jersey seahorse academy to hold this data as required by CEYS:**

**Yes                  No**

**Name :**

**Signature:**

**Date:**



# Statement of Risk and Liability/ Non-Agency Acknowledgment Form

PADI SWIM, DISCOVER MERMAID, SKIN DIVER AND DISCOVER SNORKELING  
PROGRAMMES, COURSES, EXPERIENCES AND RELATED ACTIVITIES (EU VERSION)

**Please read carefully and fill in all blanks before signing.**

## Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that the facility through which this program is offered, and its associated staff, are licensed to use various SAI and PADI Trademarks and to conduct SAI and PADI training, but are not agents, employees or franchisees of Starfish Aquatics Institute ("SAI") or PADI. I further understand that these business activities are independent, and are neither owned nor operated by SAI nor PADI, and that while SAI establishes the standards for PADI Swim Programmes, and PADI establishes the standards for PADI snorkeling, skin diving and Discover Mermaid training, neither SAI nor PADI is responsible for, nor do they have the right to control, the operation of the facility's business activities and the day-to-day conduct of its swim/snorkeling/skin diving or Discover Mermaid programmes/experiences and/or related activities. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this programmes, neither I nor my estate shall seek to hold SAI or PADI liable for the actions, inactions or negligence of All Pros Bouley Bay Dive Centre (PADI Swim School, PADI Dive Centre or PADI Dive Resort Name) and/or the instructors associated with its swimming/snorkeling/skin diving or Discover Mermaid programmes/courses/experiences and/or related activities.

## Statement of Risk and Liability

This is a statement in which you are informed of the risks of swimming, snorkeling, skin diving and mermaid activities. The statement also sets out the circumstances in which you participate in the swimming, snorkeling, skin diving or Discover Mermaid programme/course/experience and/or related activities 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

Swimming, snorkeling, skin diving and mermaid activities have inherent risks which may result in serious injury or death.

Swimming, snorkeling, skin diving and mermaid diving are physically strenuous activities resulting in physically-strenuous activities, and you will be exerting yourself, which could result in an injury resulting from heart attack, panic, hyperventilation, drowning or any other cause. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history. You must be in good health and have no physical condition that would prevent participation in this programme.

## Acceptance of Risk

I understand and agree that neither my Guide(s) / Instructor(s) All Pros, nor the facility through which this programme is conducted, Bouley Bay Dive Centre nor Starfish Aquatics Institute, Inc. nor PADI EMEA Ltd., nor PADI Americas, Inc., PADI Worldwide Corp. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it results 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 Guide(s)/Instructor(s) conducting this programme, All Pros, the facility through which this programme is offered, Bouley Bay Dive Centre, PADI EMEA Ltd., PADI Americas, Inc., PADI Worldwide Corp, and all parties referred to above, my participation in this 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

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)

Date (Day/Month/Year)

**Jersey Sea Horse Academy Limited SUP Liability release**



I \_\_\_\_\_

Acknowledge, Activities (“Activities”) I am about to voluntarily engage in, bears certain known and unanticipated risks which could result in injury, death, illness, physical or mental damage to myself, my property, or other third parties or their property, or the property of Jersey Seahorse Academy Ltd. I further acknowledge that I willingly agree to comply with the stated customary terms and conditions of participation.

Am physically fit. I do not currently, and have not previously, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Stand-Up Paddleboarding.

**Epilepsy, severe head injury, recurrent blackouts, disease of the brain or nervous system, high blood pressure, cardiovascular disease, recurrent weakness or dislocation of any limb, diabetes, recent back injury, arthritis, severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder.**

In the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of the activities, I will notify the professional immediately.

Understand and agree that neither the professionals conducting this program, nor Jersey Sea Horse Academy Ltd., nor their affiliates or subsidiaries, nor any of their respective employees, officers, agents, or contractors accept any responsibility for any death, injury or other loss suffered by me to the extent that it results 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 professionals conducting this program, Jersey Sea Horse Academy Ltd., their affiliate or subsidiary corporations, and any of their respective employees, officers, agents, or contractors. My participation in this program is entirely at my own risk.

Agree to abide by Jersey Sea Horse Academy Ltd.’s SUP policies and to comply with all instructions of the professionals in connection with participation in the Activity, failure to follow such directions shall be grounds for termination of my privilege to participate in the Activity without reimbursement or cancellation of fees paid or owed. I understand that the use or possession of drugs or alcohol is strictly prohibited before and during the Activity and will be grounds for immediate removal from the Activity without reimbursement of fees paid or owed. I agree that if in the judgment of the professionals, they must call for assistance during the trip due to my noncompliance with their instructions or Jersey Sea Horse Academy Ltd.’s SUP policies that I accept responsibility for paying any associated rescue and transportation costs.

HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE BY READING IT BEFORE SIGNING.

Name of participant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact \_\_\_\_\_

Any extra information we need to know about:

## DATA PROTECTION AND CONTEST

Please read carefully before signing

Here at Jersey Sea Horse Academy Limited we take your privacy seriously. In order to process your qualification and/or conduct your experience and abide to our training agency standards we may need to record your details. These details may include personal and sensitive data. We need to hold this data for 7 years. We may be required to release your data to a third party in order to obtain your licence/ qualification.

To comply with Great Britain's Data Protection law (GDPR) we must ask for your permission to store and process your personal and sensitive data for this purpose.

I/We give my/our consent to Jersey Sea Horse Academy limited to obtain and hold my data.  
I/We give my/our consent to Jersey Sea Horse Academy limited to release my data to the relevant training agency in order to obtain my licence/qualification.

From time to time we would like to contact you with details of other courses, offers, events and services we provide. If you consent to us contacting you for this purpose, please tick to say how you would accept us to contact you:

Email  Telephone  Text message  Do not accept

Participant name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature where applicable.

Name \_\_\_\_\_

Signature Date \_\_\_\_\_ Date \_\_\_\_\_

Please fill in the below if you have not entered it when booking online.

Dive Insurance n/o \_\_\_\_\_ last dive \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Diver Level n/o dives \_\_\_\_\_