



PRE-DEPARTURE FORM

Name: _____
Email: _____
Country: _____ Age: _____
Insurance: _____ Policy #: _____

Pre-Departure Information

- 1. Solo Travellers:** Same gender cabin not guaranteed unless prearranged.
- 2. Guided Dives** – It is not our policy for all dives to be divemaster led. We provide complimentary orientation dives to enhance skills; a scheduled morning & afternoon guided group dive & the opportunity to dive with our staff on an ad hoc basis. Dive site briefs include maps with topography, depths, currents and marine life. Additional guided dives may be available, at additional cost. Private dive guides are available at additional cost, subject to availability.
- 3. Dive Experience** – Divers require proof of certification, plus must have dived in the last 10 years. Fly Dive Coral Sea guests require Advanced certification or 10 logged ocean dives with 5 in the last 12 months. I understand if my skills and ability are incompatible with a dive I will not participate in that dive and will follow the crew's instructions.
- 4. Snorkelling** – Snorkelers are required to snorkel with a buddy and follow MBDE snorkelling procedures.
- 5. Divers require** - Nautilus GPS (supplied by MBDE), surface marker buoy, alternate air source and full wetsuit or dive skin. All items are available for hire.
- 6. Equipment Agreement** – I agree to reimburse MBDE for any equipment lost or damaged whilst in my care.
- 7. Ships Bar Only Policy – Alcohol from bar at your expense.** Complimentary soft drink and wine with dinner.

Medical Statement:

I confirm that the medical declaration/statement on my signed 'booking form' remains true and accurate, or I have notified Mike Ball Dive Expeditions of any changes. I accept that dive restrictions may be enforced if I am unable to produce a current (less than 12 months) dive medical clearance, from a doctor, for any medical conditions and/or medications contra to diving. If my medical condition deteriorates during the expedition, I will advise the Trip Director and not dive unless authorised by the Trip Director.

Medical Evacuation Authorization:

I understand in a dive or medical emergency I am responsible for the cost of medical assistance if I don't have suitable insurance. I authorise you to make medical and transport arrangements as may be determined in my best interest. I agree to pay MBDE any evacuation expenses incurred on my behalf, which will be charged against my credit card. (*Documentation will be provided for insurance claims*).

Statement of Understanding:

I acknowledge I have read, understood and accepted the Pre-departure information and the Medical and Evacuation Statement's.

Signature: _____ Dated: _____

Witness: _____ Certified and agreed by: _____
(Parent or Guardian if Applicant is a Minor)

SAFE DIVING PROCEDURES

These safe diving procedures will maximise your diving safety:

1. Divers with less than 15 dives in total or 5 in the last 12 months must undertake safety orientation dives.
2. Each diver must assemble and check their own equipment ready for use.
3. Manufactures recommendations & specifications must be followed in respect to equipment maintenance, assembly, pre-dive checks and emergency procedures.
4. Plan each dive to be within the no decompression limits.
5. Dive depth must be limited by your experience and training. Limit depth increases to less than 3m/10ft every 2 days; maximum depth 40m (130ft).
6. Nitrox divers: maximum operating depth with EANx32 must not exceed 40m (132ft) based on 1.6 bar PPO2.
7. Slowly ascend from every dive according to your dive computer.
8. Pay attention to the control of buoyancy and BCD on ascent.
9. Complete a 5-minute safety stop on every dive.
10. Multiple dives over multiple days can have an accumulative effect in contributing to decompression sickness. Every 3rd or 4th day make fewer dives. If you do 4-5 dives one day, do less the next. On the final day reduce bottom times and increase safety stop times.
11. Drink water before every dive to reduce risk of decompression sickness.
12. No in water activities permitted, within 8 hours of consuming alcohol. No illegal drugs can be taken.
13. If you are feeling unwell at any time, advise staff and lie down flat; do not sit up or allow anyone to sit you up.

Total dives: _____ **Ocean dives:** _____ **Deeper than 30m (100ft):** _____
Last 10 years _____ **Last 12 months:** _____ **Night dives:** _____ **Deepest dive:** _____
Dive cert held: _____ **Date Issued:** _____ **Nitrox cert held:** Yes No **Date issued:** _____

I confirm that my dive history is correct and agree to comply with the Safe Diving Procedures detailed above.

Name: _____ **Signature:** _____ **Date:** _____

Non-divers: Please complete if you intend to snorkel.

1. Total number of snorkels completed: _____ Competent? Yes No

2. I acknowledge that hyperventilation can lead to shallow water blackout & death.

Signed: _____ Date _____

STAFF USE ONLY

Witness (MBDE Staff Member) _____ Cert. sighted: Yes / No Nitrox: Yes / No (if no get full details)

Lost Certification Details: Date certified _____ Dive School: _____ Agency: _____

Instructor: _____ Plus diver must satisfactorily complete a **Reef Orientation**

Orientations required	Date	Good skills	Marginal skills (repeat)	Divemaster signs	Passenger signs (read statement below)
Reef					
Night					
Repeat					
Repeat					

Passenger Statement: I have been briefed and debriefed on the orientation dives I have carried out and I now feel confident in planning and carrying out those dives.