SCUBA RESCUE COURSE Conducted by Pretty SAFE Enterprises					Date	Who Rec
APPLICATION FOR '	IKAINING					
Name:	Int:	_DOB_				
Agai Candani	E Moil		DD/MM/YY			
Age:Gender:						
Address:	Phone: H		W			
City:	Postal Code:		Cell			
The course will start on						

Please be on time as class will start at the time indicated.

DATES

The course will run on the dates indicated on web site. Make up dates and alternate dates for the Ocean portion will be offered. The actual dates for the Oxygen Course and First Aid course will be determined later.

COST	\$250 Plus Tax	PSE Can Charge my Visa/ Master Card the amounts indicated or in full (circle one)					
		Card #	_ ExpiryMMYY Sec #				
PREREC	DUISITES ARE	Name on Card	_Signature				

The prerequisites to become a SCUBA Rescue Diver are:

- 1. Certified Advanced diver
- 2. Medical Form within past 12 months By Pool First Pool Night
- 3. Must Sign Release, Statement of Understanding and Application Forms & SDI Forms
- 4. Must be paid in full on day one Price does not include the DAN O2, Standard two-day level C BLS & First Aid Kit courses.
- 5. If under 18 must have form completed and signed by parent or guardian
- 6. Must have current CPR, Standard First Aid and Oxygen Provider Courses

In order to certify you must complete classroom, pool, open water and examination requirements, plus any co-requisite courses. The co-requisites such as Oxygen Provider, CPR and First Aid are part of this course. If you have one or both discuss new price with the instructor. You will have to supply your own gear for open water work.

NAME OF APPLICANT (Please print)

SIGNATURE OF APPLICANT & DATE

NAME OF WITNESS (Please print) Parent/Guardian if APPLICANT is under 18 Page 1 / 1 SIGNATURE OF WITNESS & DATE

SCUBA RESCUE COURSE

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STATEMENT OF UNDERSTANDING – SCUBA RESCUE COURSE

The undersigned acknowledges that:

- ** The course fee includes classroom, pool training, theory exam, open water practice International Certification, and handouts
- ** Candidates provide their own mask, fins, snorkel and weight belt with 6-9lbs of weight BC and tank for the pool portion of the program.
- ** Equipment costs, food costs and travel for the open water dives are at the candidates own expense
- ** Medical examination form, application, and waiver must be completed prior to the first pool night.
- ** Candidates must satisfactorily complete all facets of the program: classroom training, pool training, written exam, pool exercises and attendance on 6 checkout days with any of the Basic Open water courses in order to become certified.
- ** Upon completion of the SCUBA Rescue Course, candidates must have a current certification in CPR, First Aid, and Oxygen Provider.

CANDIDATES NAME (PLEASE PRINT):

SIGNATURE:

WITNESS NAME : (PLEASE PRINT): Parent/Guardian if APPLICANT is under 18

SIGNATURE:

DATE:

Page 1 / 1

SCUBA RESCUE COURSE

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RELEASE SCUBA RESCUE COURSE

In consideration of the services performed or to be performed herein, I consent and agree with **Pretty SAFE Enterprises, and/or the instructors employed by PSE**, that I do hereby assume all risk of injury and damage to my property during the course of the said activities and/or instruction, however long the said instruction may continue, and I do, for myself, my heirs, successors and assigns, agree that in no case will I present or prosecute against, **Pretty SAFE Enterprises, and/or the instructors employed by PSE**, and/or any of their officers. agents, or employees, any action to my property, arising out of, or incidental to my participation in, or presence during the said program. I do agree further for myself, my heirs, executors, administrators and assigns, to hold **Pretty SAFE Enterprises, and/or the instructors employed by PSE**, their officers, agents, and employees and all of them free and harmless from and against, and do indemnify it and/or them for any and every claim;

I acknowledge and accept the risks inherent in the **SCUBA Rescue Course** program that I am undertaking;

I acknowledge and agree to participate in diving activities which include instruction, physical fitness and/or body building exercise and tests.

IN WITNESS WHEREOF I have hereunto set my hand and seal

this ______ day of ______, 20____, A.D.

(name of applicant - please print)

(signature of applicant)

SIGNED SEALED AND DELIVERED in the presence of;

(Name of witness - please print Parent/Guardian if APPLICANT under 18 (signature of witness)

Page 1 / 1