



REGISTRATION UNDERWATER ACTIVITY

I, the undersigned

Surname [] Name []

Street / square [] city []

prov. [] telephone number []

email []

intends to participate in the diving activity organized by the ANDREA DAVIDDI.

- declares to be in possession of a diving license issued by an educational organization []
number [] level [] on [] date dive number made []
date of the last dive []

- declares to respect the immersion limits imposed by my patent;
- declares that I have checked the proper functioning of all the equipment, both owned by me and by DIVE CENTER BLU, rented or by third parties. I undertake to return it so that it does not create any danger for me and other participants in the dive, assuming in any case the responsibility of any event, even harmful, in any case connected with the use by such equipment. In the event that the equipment returned damaged, I undertake to pay for any necessary repairs or the value of the equipment itself, in the event that it is compromised or lost;
- declares that I know the safety regulations and the diving program. I undertake to respect them in order not to create dangerous situations for me and for the other participants in the dive;
- declares that I want to follow all the instructions of my instructor / guide carefully and scrupulously; to respect the program the,quota and the time limit based on the patent they are in possession of, to go back together with the dive group;
- It undertakes to respect the marine environment, not to remove anything from the seabed and not to carry underwater scuba diving;
- declares to be in good physical and mental condition, to immerse me far from meals;
- declares to be in possession of the certificate of physical fitness for underwater activity; *
- declares that he / she has no illnesses in place and that he / she has not taken drugs and / or alcohol within 48 hours prior to the dive;
- declares, however, not to use drugs and not to be pregnant and in any case to be aware of the serious consequences that may lead to immersion in this state, assuming all responsibility for the declarations issued here;
- declares to be fully aware of the dangers inherent in scuba diving. I am aware that diving can lead to decompression sickness, EMBOLIA, TOXICITY OF OXYGEN-HYPOSSYAR HYDROXIDE BY INGEST GASES, BAROTRAUMI, DEPENDENT LESIONS FROM THE CHARACTERISTICS OF THE DIVING PLACE AND / OR FROM THE MARINE ENVIRONMENT AND / OR FROM THE WATER ANIMALS PRESENT;
- I declare that I have been informed, and I am aware of this, that the HYPERABAR DAMAGES OR WOUNDS require a prompt treatment in the RECOMPRESSION CHAMBER;
- is also aware of the fact that the dives that will be carried out will take me to deep water;
- therefore declares to be able to carry out in full autonomy and safety an emergency ascent in case of exhausted respiratory gas, as well as in any other hypothesis for which the emergency ascent becomes necessary;
- accept that the boat leader or the instructor / guide can at any time suspend or modify or cancel the chosen place for the dive and / or the depth and / or times of it or suspend and / or cancel the dive itself;
- I authorize the ANDREA DAVIDDI to organize, in case of necessity, an immediate intervention with possible transfer to the Hyperbaric Center specialized to carry out, when prescribed by the doctors, a hyperbaric treatment, undertaking as of now to provide or reimburse the expenses incurred and / or to be supported;
- I authorize, in the event of an emergency, to contact Ms./ra [] at the number []
- I declare to have read, the internal regulations and to unconditionally approve all the clauses;
- I also exclude any responsibility of the company for damage to property or for destruction, theft or loss of the same even if filed at the premises of the company;
- With this declaration, I personally assume all the direct and indirect risks connected with the dive; aware of the fact that underwater activity in general could lead to minor injuries very slight, minor, serious, very serious or lethal. These risks, none excluded or excepted, I accept unconditionally and consciously;

As stated above, I expressly raise both the instructor / guide and the ANDREA DAVIDDI , from any economic consequence deriving from any judicial proceedings that were undertaken against them by the Public Authority and / or my claimants, whether they are promoted in the penal or civil office. The signing of this form may be used by the Instructor / guide and / or by the DIVE CENTER BLU also as proof of my knowledge of any direct or indirect risk concerning all the activities related to the dive.

PREVIOUSLY INSERTED, WARNINGS AND CORRECTLY INFORMATIDI AS SOON AS SOON, SOON FULL AND IRREVOCABLE CONSENT AND EXEMPTION OF LIABILITY IN THE FORMS AND IN THE TERMS SET OUT IN THIS MODULE, AFTER READING CAREFULLY, INCLUDING IN EVERY PARTY WITH THE INTERPELLO, THE AUSILIOUS AND THE CLARIFICATION THAT I HAVE PROVIDED BY THE INSTRUCTOR / GUIDE, AND APPROVAL WITHOUT ANY RESERVE.

Pursuant to Art. 1341 and 1342 c.c. I, the undersigned, declare to approve everything reported in this contract

DATE

SIGNATURE

DATE

SIGNATURE OF THE LESSER

* In case of lack of the medical certificate of physical fitness for underwater activities it is mandatory to reply to the following questionnaire:

Please read carefully before signing.

Patient History (to be drafted under supervised parent / guardian)

To the participant: please answer the following questionnaire with an YER or NO. The purpose of this medical questionnaire is to understand if you are being examined by a doctor before participating in a training or diving. Even a single affirmative answer to the questions requires, for your safety and that of the diving group, to request a specific medical advice for the dive activity.

<input type="checkbox"/> yes <input type="checkbox"/> No Do you regularly take prescribed medicines or not? (with the exception of contraceptives or anti-malaria pills).	<input type="checkbox"/> yes <input type="checkbox"/> No recurrent episodes of back problems?
<input type="checkbox"/> yes <input type="checkbox"/> No you usually smoke pipes, cigars or cigarettes	<input type="checkbox"/> yes <input type="checkbox"/> No recurrent episodes of back problems?
<input type="checkbox"/> yes <input type="checkbox"/> No you have a high cholesterol level	<input type="checkbox"/> yes <input type="checkbox"/> No dysentery or dehydration requiring medical treatment?
<input type="checkbox"/> yes <input type="checkbox"/> No you've had cases of heart attacks or strokes in the family	<input type="checkbox"/> yes <input type="checkbox"/> No diabetic problems?
<input type="checkbox"/> yes <input type="checkbox"/> No you are currently following medical treatment	<input type="checkbox"/> yes <input type="checkbox"/> No head traumas with loss of consciousness in the last five years?
<input type="checkbox"/> yes <input type="checkbox"/> No you have high blood pressure	<input type="checkbox"/> yes <input type="checkbox"/> No episodes of back problems, arms, legs following surgery, injuries or fractures?
<input type="checkbox"/> yes <input type="checkbox"/> No you have diabetes mellitus, even if controlled by a diet	<input type="checkbox"/> yes <input type="checkbox"/> No inability to perform moderate efforts? (walking 1.6 kilometers in 12 minutes)
Have you ever had or are you currently ...	<input type="checkbox"/> yes <input type="checkbox"/> No a history of high blood pressure or take medication for check the pressure?
<input type="checkbox"/> yes <input type="checkbox"/> No Asthma, or noisy breathing at rest or after exercise physical	<input type="checkbox"/> yes <input type="checkbox"/> No heart disease?
<input type="checkbox"/> yes <input type="checkbox"/> No frequent or severe attacks of hay fever or allergy?	<input type="checkbox"/> yes <input type="checkbox"/> No heart attacks or heart attacks?
<input type="checkbox"/> yes <input type="checkbox"/> No frequent colds, sinusitis or bronchitis?	<input type="checkbox"/> yes <input type="checkbox"/> No angina pectoris / cardiac or vascular surgery?
<input type="checkbox"/> yes <input type="checkbox"/> No no any form of lung disease?	<input type="checkbox"/> yes <input type="checkbox"/> No a history of surgery in the ears or breasts?
<input type="checkbox"/> yes <input type="checkbox"/> No a pneumothorax (collapsed lung)?	<input type="checkbox"/> yes <input type="checkbox"/> No a history of ear disease, hearing loss or balance problems?
<input type="checkbox"/> yes <input type="checkbox"/> No anamnesis of pulmonary surgery?	<input type="checkbox"/> yes <input type="checkbox"/> No history of compensation problems (clogged ears) on airplanes or in the mountains?
<input type="checkbox"/> yes <input type="checkbox"/> No claustrophobia or agoraphobia (fear of enclosed spaces or open, panic)?	<input type="checkbox"/> yes <input type="checkbox"/> No a history of hemorrhages or other circulatory disorders?
<input type="checkbox"/> yes <input type="checkbox"/> No problems in the behavior of the heart?	<input type="checkbox"/> yes <input type="checkbox"/> No a medical history of any kind of hernia?
<input type="checkbox"/> yes <input type="checkbox"/> No epilepsy, seizures, convulsions or take medicines for prevent them?	<input type="checkbox"/> yes <input type="checkbox"/> No a history of ulcers or specific surgery?
<input type="checkbox"/> yes <input type="checkbox"/> No frequent headaches or take medicines to prevent them?	<input type="checkbox"/> yes <input type="checkbox"/> No problems with the stomach or intestines?
<input type="checkbox"/> yes <input type="checkbox"/> No episodes of failures or fainting (total / partial loss of senses)?	<input type="checkbox"/> yes <input type="checkbox"/> No a history of alcohol or drug abuse in the last five years?
<input type="checkbox"/> yes <input type="checkbox"/> No do you often suffer from car sickness, seasickness, etc.?	
<input type="checkbox"/> yes <input type="checkbox"/> No anamnesis of underwater accidents or illness from decompression?	

The information I have provided on my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions concerning any present or past health condition.

DATE

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SIGNATURE OF THE LESSER

Information on the processing of personal data

Pursuant to EU Regulation no. 2016/679 we inform you that the processing of personal data provided in relation to participation in the dive activity, is aimed solely at the procedure concerning the same and will be organized by ANDREA DAVIDDI. The headquarters of the company, which is the Data Controller, is in traversa di via Marconi

19,57034 Campo nell'Elba (LI), VAT number 02822860355, e-mail: info@divecenterblu.com, the data collected with the use of computerized procedures, in the ways and the necessary limits to pursue the aforementioned purposes, it will be made available to the owner of ANDREA DAVIDDI, Mr. Andrea Daviddi i and the person in charge of data processing.

The provision of data is mandatory and necessary for enrollment in courses and dives. Their failure to indicate (especially for sensitive data related to health) makes it impossible to start the organization of the activity.

The parties concerned are entitled to the rights referred to in Articles 15 to 22 of the aforementioned EU Regulation and in particular the right to access their personal data, to request rectification, updating and cancellation, if incomplete, erroneous or collected in violation of the law, as well as to oppose their treatment for legitimate reasons, by addressing the requests to the data controller Mr. Andrea Daviddi, using the e-mail address above.

In order to make the activity registration effective, this form, filled in all its parts and duly signed, must be sent (if the registration is made by e-mail) or hand delivered to ANDREA DAVIDDI, together with the photocopy of the patent.

The complete privacy policy of the company can be read on the website www.divecenterblu.com

I declare that I have read the information on personal data and authorize the use of personal data for the purposes mentioned above.

DATE

SIGNATURE

I authorize I do not authorize the use of telephone numbers and emails for information on the dive and activities

DATE

SIGNATURE

Release and right to image

The undersigned 1) 2) authorize to have portrayed , in photos and / or video, during the dive activity organized by ANDREA DAVIDDI giving full consent to the possible diffusion of the same on the social network facebook, twitter, Pinterest, and on the website page www.divecenterblu.com

Raise ANDREA DAVIDDI SRL from any responsibility for incorrect use of personal data provided and photos by third parties.

Pursuant to the GDPR 2016/679 we inform you that the undersigned may at any time revoke the authorization of the images, making a request to the Data Controller.

DATE

SIGNATURE