

Junior Shark Encounter



Hello Shark Diver,

We're looking forward to having you join us for your Junior Shark Encounter experience. Please read this letter carefully as it contains important information for you and your parent/guardian.

What you can look forward to

We want you to have an unforgettable experience and we have designed the Junior Shark Encounter to include everything you need. Training is provided with our Professional PADI. The training is split into two sections; classroom and practical. In the classroom section you will be looking at the theory and safety aspects of diving as well as getting to know the animals you're about to dive with. The practical section includes getting used to the equipment and learning the basic skill required for the dive. You will train in a group of four and then have a twenty five minute dive in pairs.

Share your experience

You must be accompanied by one parent/guardian during the experience. They will be given free access to behind the scenes to watch you complete your training. As part of your Junior Shark Encounter you are entitled to one free spectator and additional spectators are welcome and will be charged at a reduced rate upon entry to the aquarium. Your additional spectators will be looked after; they will be taken on a guided tour of the aquarium while you are going through your training and then will watch your dive through our 70m underwater viewing tunnel.

The Dive

Your shark encounter will take place in our Caribbean Reef Section and is home to a wide variety of fish including; Black Tip Reef Sharks, Bamboo Sharks, Southern Atlantic Stingrays and various other species.

Upon arrival and what you require

You will be required 15 minutes prior to the start of your encounter where you will be met by one of our PADI instructors who will go through all your documentation. Please ensure you bring with you the following forms if you have not already emailed them to us; **PADI Bubblemaker statement, Dive Terms and Conditions and Disclaimer and Indemnity Form**. You will also need a swimming costume, towel, gear, and toiletries.

If you have any questions about the dive, or any of the forms please do not hesitate to contact our bookings team.

Kind Regards,

The Blue Planet Aquarium Dive Team

Dive Terms & Conditions

Blue Planet Aquarium reserves the right to cancel, alter or amend any of the times and dates without notice if operational or other circumstances require doing so.

If Blue Planet Aquarium cancels, postpones or alter any of the dive events at any given time the participant accepts that Blue Planet Aquarium is not responsible or liable for any external costs. Examples would include travel costs, hotel costs, etc. This list is not exhaustive.

Blue Planet Aquarium will only issue Dive Vouchers upon receipt of full payment.

If the diver fails to appear for the dive without prior notification the dive and all payments will be forfeit. Methods of contact can be made through e-mail or telephone.

If you are unable to participate on the given day, we will be happy to reschedule your dive provided no less than 14 days notice given. This 14 day notice will be strictly adhered to. If the diver gives less 14 days notice then additional booking charges will be incurred.

It is mandatory to complete a PADI medical disclaimer prior to the dive. This is a basic health questionnaire. If the diver answers “**YES**” to any of the question on the form please contact us, as the diver will require an additional form to be **SIGNED** by their GP prior to commencing the dive. Please note- doctors may charge additional fees.

All experiences are non refundable, unless the diver is medically unfit to participate. In this case we will send you a medical exemption form to be signed off by a general practitioner. Upon receipt of the medical exemption Blue Planet Aquarium will issue a refund in the form of a cheque (all refunds are minus administration fees).

Blue Planet Aquarium Dive Instructors reserve the right to refuse medial notes if they feel that the diver is unsuitable to participate and could possibly jeopardise the health and safety of themselves and other participates.

All divers must present their letter of confirmation from our booking office upon arrival.

Gift Vouchers for both Shark Encounters and Shark Dives are valid for 6 months. Any extension of the validity period is at the discretion of Blue Planet Aquarium. Note additional charges will be incurred.

Dive Vouchers may be transferred to another person.

Once the pool training and/ or briefing have begun, no refunds will be given unless operational issues force Blue Planet Aquarium staff to cancel the dive.

Junior Shark Divers- must be at least 8 years of age and meet the minimum height requirement of 115cm.

Non Qualified Divers- or divers wishing to take part in the Shark Encounter SCUBA experience must be at least 16 years of age and in reasonable health.

Qualified divers- must bring all SCUBA certifications, current and up to date log book or proof of dives and have a minimum of one logged dive within the last SIX MONTHS. Failure to do so will result in the cancellation of your dive and no refunds will be given.

Any damages to hired equipment must be paid for in full.

Qualified divers under the age of 18 must have a parent or legal guardian present on the day of the event. Qualified divers between the ages of 12-16 must have a parent or legal guardian with the same, equivalent or higher qualification who will be diving with them (written permission must be provided from the parent).

Divers wishing to use their own equipment must first seek approval. Divers using their own equipment accept our condition that it must be serviced to the manufactures recommendations and in good working order, breaching these conditions may result in cancelling your experience and the company will not accept any liability or fault if equipment related issue occurs. An admin charge may be incurred.

When using equipment from outside Blue Planet Aquarium it must be disinfected before the dive. The company use Safe4 disinfectant by signing this you accept the risks of using the solution.

Full Name			
Address			
Sign		Date	

Disclaimer and Indemnity Form

Parent / Guardian Responsibility and Risk Acknowledgement

I _____ as the parent/guardian of _____ acknowledge the following:

I acknowledge that it is solely my responsibility to evaluate whether my child should participate in scuba activities. Blue Planet instructors will assess my child's ability and comfort throughout the training session prior to the dive. I hereby acknowledge that it is at the discretion of the instructors and their decision solely, as to whether my child participates on the dive.

I understand and agree that it is my responsibility to discuss with a physician any questions I have regarding my child's medical history and participation in this activity.

I hereby acknowledge that undertaking an underwater dive is considered a high-risk activity. I accept that my child and I have been made fully aware of and confirm that we fully understand the dangers associated with underwater diving at Blue Planet Aquarium, with potentially dangerous animals.

In particular, I acknowledge that animal behaviour can be unpredictable. I hereby confirm that unless where Blue Planet Aquarium are negligent, I will not hold Blue Planet Aquarium and any company within the same group of companies, and any of their representatives responsible for any liability, expense, loss, claim, damage or injury howsoever caused by me or my child which may occur as a result of my child's participation in underwater diving at Blue Planet Aquarium, Ellesmere Port.

I acknowledge that my child and I have received a pre-diving briefing and confirm that I have read and fully understand all the instructions relating to the dive, the conduct requirements of the dive and the dive plan details. I confirm that I have provided all information requested by Blue Planet Aquarium and that all such information provided is complete, accurate and not misleading.

I agree that should I or my child for any reason, deviate from the instructions relating to the dive, the conduct requirements of the dive and/or from the dive plan, or if I have failed to provide all requested information or have provided incomplete, incorrect or misleading information, Blue Planet Aquarium may abort the dive without refunding monies to me.

I agree to indemnify Blue Planet Aquarium, any other company within the same group of companies and all of their representatives from all liabilities, expenses, losses, claims or damages suffered by all or any of them as a result of any deviation, failure or failure to be provided by me. I acknowledge that the decision of Blue Planet Aquarium whether or not to allow my child to participate in an underwater dive at Blue Planet Aquarium is final. I also acknowledge that this disclaimer and indemnity does not affect my statutory or other legal rights.

I have read this acknowledgement, understand and agree to the terms and conditions, and understand and agree that my acknowledgement is a binding contract between me (the parent/guardian), the Instructor and Blue Planet Aquarium

Name of Diver			
Name of Parent / Guardian			
Address			
Signature (parent/guardian)		Date	



BUBBLEMAKER STATEMENT

(PADI International Ltd)

Participant Record (Confidential Information)

Name _____
Mailing Address _____
City _____
State _____ Country _____ Zip/Postal Code _____
Home Phone (____) _____ Work Phone (____) _____
Birth Date _____ Age _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____
Home Phone (____) _____ Work Phone (____) _____

MEDICAL QUESTIONNAIRE

To the participant and parent: Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

- ___ I am currently suffering from a cold or congestion.
- ___ I have a history of respiratory problems or disease.
- ___ I have had asthma, emphysema or tuberculosis.
- ___ I currently have an ear infection.
- ___ I have recurrent ear problems, ear disease or surgery.
- ___ I have a history of sinus problems.
- ___ I have had problems equalizing (popping) my ears with airplane or mountain travel.
- ___ I am diabetic.
- ___ I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).
- ___ I have a history of seizures, dizziness or fainting.
- ___ I have a nervous system disorder.
- ___ I have behavioural health, mental or psychological disorders (panic attack, fear of closed or open spaces).
- ___ I have recurrent back problems, history of back or spinal surgery.
- ___ I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).
- ___ I have recently had an operation or illness.
- ___ I am under the care of a physician or have a chronic illness.

- continued overleaf -



BUBBLEMAKER STATEMENT

(PADI International Ltd)

BUBBLEMAKER STATEMENT OF RISKS AND LIABILITY

Please read carefully and fill in all blanks before signing.

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 your child participates in the diving programme at your child's own risk.

Your signature on this statement is required as proof that you and your child 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 child's instructor.

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 and your child will be exposed to these risks. This programme may be conducted at a site which is remote, either by time or distance or both, from such a recompression chamber

Skin and scuba diving are physically strenuous activities and your child will be exerting themselves 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 child's medical history.

EXCLUSION OF LIABILITY

I understand and agree that neither the dive professionals conducting this programme, _____, nor the facility through which this programme is conducted, _____, nor PADI International Ltd., nor PADI Americas, Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting 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, _____, the facility through which this programme is offered, _____, PADI International Ltd., PADI Americas, Inc., and all related entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

Participant Name (Please Print)

Participant Signature

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)

Diver Medical | Physician's Evaluation Form

Participant Name _____ Birthdate _____
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

- Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital

Address

Phone _____ Email _____

Physician/Clinic Stamp

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:
The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
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