報名表
Application Form

職 員 使 用 For Office Use Only	
Date	/ / 2026
Invoice No.	
Payment Method	Visa / Master / EPS / COD / 銀聯 / 轉帳 / 支付寶 / FPS / AE / Payme
Course Fee	HK$
Lunch	☐ DA 船上午餐 ☐ 自備 ☐ 外賣午餐
Handle by	
Remark	

活動日期 : _____

個人資料 Student Profile

英文姓名
Name in English _____ 英文名字 First name _____ 英文姓氏 Last name

中文姓名
Name in Chinese _____ 聯絡電話號碼 Mobile Phone _____

性別
Gender ☐ 女性 Female ☐ 男性 Male 職業 Occ. _____

出生日期
Date of Birth _____ 年 Year _____ 月 Month _____ 日 Date

個人資料收集聲明
Personal Data Collection Statement

此報名表格內所提供的個人資料將供潛水歷險會處理是次活動報名、聯絡，以及日後其他活動作通訊及宣傳用途。
根據《個人資料（私隱）條例》第 18、第 22 及附表 1 內第 6 原則的規定，你有權要求查閱及更正所提供的個人資料。有關查詢申請表內所收集的個人資料，包括查閱或改正，請致電 2572 2138 聯絡我們。

The personal data provided in this form will be used by Diving Adventure for processing applications, communication, and promotional purposes for future events.

Applicants have the right to request access to and correct the personal data as stated in this form in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. For enquiries concerning the personal data collected by means of this form, including the making of access and corrections, please contact us at 2572 2138.

☐ 如不同意主辦單位將本表格內所提供的個人資料用作日後其他活動作通訊及宣傳用途，請☑此處。
If you do not consent DA using the personal data provided in this form for the purposes of communication and promotion of future events, please ☑ here.

緊急聯絡人資料 Emergency Contact Information	姓名 Name	關係 Relationship	電話 Mobile Phone

為方便儀器借用，請回答下列問題 For the diving equipment preparation, please answer the below:		
體重 Body weight kg / lbs	身高 Height m / ft	鞋號 Shoe size UK / US

_____ 申請人簽名 Applicant's Signatur

_____ 日期 Date

18 歲以下青少年父母或監護人簽名 Signature of Parent or Guardian (For children under 18 years old)	父母或監護人姓名 Parent's or Guardian's Name	與申請人關係 Relationship	聯絡電話號碼 Contact Number

參加者須知 Awareness of Applicant

1. 活動不會提供有近視或遠視度數的潛水鏡、個人梳洗用品、午餐、泳衣及泳褲予參加者，請參加者在泳池及出海時自行準備。
   Diving Adventure (DA) will NOT provide any mask with correction lens, personal cleaning supplies, lunch and swimming suits / pants to the applicants.
2. 本會基本上只借出加細碼、細碼、中碼、大碼及加大碼的膠衣，恕未能提供一些特別尺碼的膠衣予參加者。如這五種尺碼均未能適合，參加者可考慮自行購買。
   DA will only provide normal size wetsuits (XS, S, M, L, XL) to the applicants.
3. 如在訓練期間遺失或損毀借用之潛水/浮潛裝備，本會將要求參加者照原價賠償。
   Applicants will be liable for any lost or damage to the DA equipment caused by the applicants during the training.
4. 當天文台懸掛三號或以上之颱風信號或黑色暴雨警告時，當天水上實習之活動將會改期。如參加者不論任何情況無故缺席或自行因天氣情況、遲到而延誤課程或取消活動，本會將收取有關補堂的費用。 **(活動前超過 48 小時更改時間另收行政費用每堂每位港幣$100，48 小時之內更改時間或缺席者當日已繳交活動的費用將不會退還，需重新繳交)**
   Upon severe weather conditions such as Typhoon signal 3 or black rain being hoisted 2 hrs. before the water activities, DA will cancel the event. Participant(s) must adhere to the course schedule(s). Administration and Reschedule fees will be charged if the participants fails to adhere to the schedule. **(Reschedule or cancel before 48 hrs. of the event starting, admin fee $100 per pax per class; No refund or reschedule within 48 hrs., or no- show)**
5. 各參加者在考慮參加課程前請先確認自己的身體狀況是否適合參加，有否患有一些不適宜潛水的疾病如哮喘、心臟病或耳膜受損等；如有疑問，請先徵詢醫生的意見或作身體檢查。如參加者刻意隱瞞而導致意外發生，本會概不負責，而本會一經得知，亦有權終止該生繼續參加，而學費恕不退回。
   Applicants should consider if their physical health is suitable for this activity. DA will NOT take any responsibility for any concealed medical history in the application form. DA reserves the right to terminate the applicant's candidacy, and the course fee will NOT be refunded in this case.
6. 如教練或本會職員於任何時間觀察到參加者的健康狀況不宜學習，教練有權終止其學習以策安全。
   Instructor or DA reserves the right to terminate the course for safety reason upon observation when students are not in good health.
7. 課程學費恕不退回，學生亦不得更改班別或私自作出課堂的轉讓而學費亦不可轉作其他用途。
   Enrollment fee is NON-REFUNDABLE and NON-TRANSFERRABLE once paid. Cancellation fee or postponement fee may be applicable upon changing of the course schedule.
8. 本會不會代為保管參加者財物。請小心保管個人財物，課室、泳池或出海訓練時避免攜帶貴重飾物或大量現金。如有遺失，本會恕不負責。
   Please take good care of all your belongings, DA takes NO responsibility for any property lost in the classroom, pool or on boat.
9. 參加者請勿攜帶寵物參加活動。
   Pets are NOT allowed on board our diving boats or in pool.
10. 如遇上特別情況，本會及教練保留更改原定課程之上課時間、地點、導師及船隻之權利。
    DA reserves the right to change the course timetable, instructor and location in particular circumstances.
11. 本會著重安全第一及嚴謹遵守潛水員守則，因此參加者必須聽從教練指示，未經許可不得擅自下水。如發現有任何違法、違規或行為操守有問題者，將被勒令即時退出，所繳費用亦一概不獲發還。
    Safety is always our first priority. Therefore applicants must obey the Rules and Regulations of Divers, and follow the instructions from your instructor. Entering the water without permission is NOT allowed. Violations of the rules will result in the prohibition to dive, and at the same time, DA reserves the right to withdraw the applicants from the course where refund is NOT possible.
12. 參加者必須依時出席所有訓練，如未能出席所有課堂及完成課程，本會保留發證之權利。如需補堂，費用另議。
    Applicants must participate in all scheduled training on time. DA will not issue the certificate in case of incompletion of the course.
13. 本會保留刊登任何參加者於活動時之照片、影像之權利，以作任何本機構的活動宣傳之用。
    DA reserves the right to distribute any activity photos or videos taken during the training sessions or during on boat activities for advertising purposes.
14. 本會擁有任何權利決定接受或拒絕任何申請，而不須作任何解釋。
    DA reserves the right to accept or reject any application without giving any explanation(s)

本人 _____ 已經閱讀過背頁的參加者須知，並完全明白及了解「潛水歷險會參加者須知」的內容及願意遵守須知內的守則來進行安全潛水活動。

I _____have acknowledge & agreed to the "Awareness of Applicant" stated above by reading it before I signed it on behalf of myself.

參加者簽署 Signature of Applicant	18 歲以下青少年父母或監護人簽名 Signature Of Parent or Guardian (For children under 18 years old)	日期 Date (Day/Month/Year)

PADI Discover Scuba® Diving Participant Statement

Read the following paragraphs carefully.

This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement (Statement of Risks and Liability), Non-Agency Disclosure and Acknowledgment and the Discover Scuba Diving Knowledge and Safety Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read this Guide and sign on the back panel.

You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.



PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

____ Do you currently have an ear infection?

____ Do you have a history of ear disease, hearing loss or problems with balance?

____ Do you have a history of ear or sinus surgery?

____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?

____ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?

____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?

____ Do you have active asthma or history of emphysema or tuberculosis?

____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?

____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?

____ Are you or could you be pregnant?

____ Do you have a history of colostomy?

____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?

____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?

____ Are you over 45 and have a family history of heart attack or stroke?

____ Do you have a history of bleeding or other blood disorders?

____ Do you have a history of diabetes?

____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?

____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?

____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ (store/resort) and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. 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 activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ (store/resort) and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I (participant name), _____, hereby affirm that I aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this program may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber or medical facility in proximity to the dive site.

The information I have provided about my medical history on the Medical Questionnaire is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

I understand and agree that neither the dive professionals conducting this program, nor the facility through which this program is offered, _____ (facility name), nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of the Released Parties, whether passive or active.

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In consideration of being allowed to participate in this program, I hereby personally assume all risks for any harm, injury or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the knowledge development, confined water and/or open water activities.

I further release and hold harmless the Discover Scuba Diving program and the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this program.

I further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I (participant name), _____, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS PROGRAM, THE FACILITY THROUGH WHICH THE PROGRAM IS CONDUCTED, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

_____ _____

Participant Signature Date (Day/Month/Year)

_____ _____

Parent/Guardian Signature (where applicable) Date (Day/Month/Year)