

.....  
date

## DECLARATION

please fill in block letters

name and surname .....

date and place of birth.....

address ..... city and zip code.....

telephone .....

e-mail.....

passport number (for diving documents) .....

degree of diving ..... license nr .....

I've done so far ..... dives, in the max. depth .....

date and place of last dive .....

I declare that participation in recreational cruise, including recreational diving,  
organized by the Diver's Dream Sp. of o.o. according to offers.....  
during the period from ..... to ..... **I take at mine own risk.\***

*\* Statement on behalf of a minor must be signed by both parents or legal guardian in the presence of the instructor. In the absence of signatures of both parents require a written explanation submitted by the person signing the statement.*

Furthermore, I declare that:

- have a current medical examination,
- I have accident insurance, and health insurance, and OC while diving classes,
- I take a financial responsibility for any resulting damage to my guilt and tourist diving equipment,
- in all activities organized by the Diver's Dream Sp. of o.o. I participate voluntarily and at my own risk,
- I undertake to comply with the provisions on rules of practise scuba in Poland, and local regulations in force in country where we are executed dive,
- I do not suffer from any of the following conditions: epilepsy, heart defects, chronic catarhhal, asthma, other respiratory diseases, sinusitis, and ear middle of the circulatory system, I am not taking psychotropic drugs,
- I am not pregnant.

I am fully aware that any diving can be dangerous, in case of for example:

- not fullfilling rules, guidelines and instructions of leading my diving class
- diving under the influence of alcohol, drugs and strong medicines
- dive under stress, during the low psychophysical or during any disease process
- dive in any way that goes beyond existing powers (depth, composition or size group) and the experience of diving
- failure to comply with the principles of decompression
- change the course of the planned dive while diving

I acknowledge that in the moment of my incapacity the instructor or a person acting on behalf of Diver's Dream Sp. Z o.o. I have the right to refuse my participation in diving.

**I am aware of all the risks associated with the activity of diving, and I have been informed about all the risks that are associated with the sport, and therefore I exempt a person diving with me from the liability.**

I agree to receive offers about diving sent by Diver's Dream Ltd. and the processing my personal data under the provisions of the act of 29 August 1997 on the Protection of Personal Data (Journal of Laws of 2002. No. 101, pos. 926 with later. d.) for marketing and information purpose, and I consent to the processing in the future, if the purpose of processing won't change the aim. I declare that I have been advised of my right of access to the data, correct them and remove them.

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signature