SCUBA RESCUE COURSE Conducted by Pretty SAFE Enterprises

APPLICATION FOR TRAINING

Amt	Date	Rec

Payment Date Who

Name:]	Int:			
Age: Gender:		DD/MM/YY E-Mail			
Address:					
City:					
The course will start on _ For pool need all scuba			t.		
Please be on time as class	will start at the time	e indicated.			
<u>DATES</u> The course will run on the portion will be offered. T later.		_			
COST \$250 Plus Tax	PSE Can Charge m	ny Visa/ Master Card	the amounts indicated or i	n full (circle o	one)
	Card #		ExpiryMMYY	Y Sec #	
PREREOUISITES ARE	Name on Card		Signature		
 3. Must Sign Release 4. Must be paid in f BLS & First Aid Kit of 5. If under 18 must 	ed diver thin past 12 months se, Statement of Und ull on day one Price courses. have form complete nt CPR, Standard Fir st complete classroo The co-requisites su	By Pool First Pool lerstanding and Ap does not include the dand signed by parst Aid and Oxygerom, pool, open wat ich as Oxygen Province as Oxygen Province and Pr	plication Forms & SDI In the DAN O2, Standard to rent or guardian Provider Courses or and examination required to the Provider Course or and examination required to the Provider, CPR and First Aid	wo-day level irements, plu l are part of tl	ıs his
gear for open water work.		once with the histr	ictor. Tou will have to s	suppry your c	JWII
NAME OF APPLICANT	(Please print)	SIGNATURE (ATURE OF APPLICANT & DATE		
NAME OF WITNESS (P. Parent/Guardian if APPL)		SIGNATURE	OF WITNESS & DATE	-	

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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:

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 WHI	EREOF I have he	ereunto set my l	nand and seal
this	_ day of	, 20	, A.D.
(name of applicant - please p	rint)		
(signature of applicant)			
SIGNED SEALED AND Di in the presence of;	ELIVERED		
(Name of witness - please pri Parent/Guardian if APPLICA			(signature of witness)