Shark Encounter

Hello Shark Diver,

Congratulations on booking your Shark Encounter, you can't dive with larger sharks anywhere else in Europe! We can't wait to take you on the experience of a lifetime. Please read this letter carefully, as it contains important information for you and your spectators.

What you can look forward to

We want you to have an unforgettable experience and we have designed the Shark Encounter to include everything you need. Two hours of training is provided with our Professional PADI Instructors and will count towards becoming a fully certified PADI Scuba Diver. 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 six and then have a thirty minute dive in pairs.

Share your experience

As part of your Shark Encounter you are entitled to two free spectators. Additional spectators are welcome also and will be charged at a reduced rate upon entry to the aquarium. Your spectators will be looked after, they will be taken on a 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 exhibit; nowhere else in Europe can offer you a larger of species of shark to dive with. Some of the species of shark you may encounter in our tank are Sand Tiger Sharks. Nurse Sharks, Zebra Sharks, Black Tip Reef Sharks, Bamboo Sharks, Southern Atlantic Stingrays and various other species of fish.

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 medical 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.

While every effort is made to provide close-up encounters with a variety of shark species, sightings of specific species cannot be guaranteed. The presence of particular sharks may be affected by operational requirements or animal welfare considerations. By participating, you acknowledge and accept that such factors may impact your experience, and you agree to support practices that prioritise the wellbeing of all marine life.

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

I hereby acknowledge that undertaking an underwater dive is considered a high-risk activity.

I accept I have been made fully aware of and confirm that I fully understand the dangers and risks involved in underwater diving (including but not limited to the medical risks and risks associated with underwater diving at Blue Planet Aquarium, Ellesmere Port with potentially dangerous animals). In particular, I acknowledge that animal behaviour can be unpredictable. I hereby confirm that, unless where Blue Planet 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 suffered by me which may occur as a result of my participation in underwater diving at Blue Planet Aquarium, Ellesmere Port.

I acknowledge that I have received pre-diving briefings 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 for any reason, deviate from the instructions relating to the dive, the conduct requirement 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 refund of 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 such deviation, failure to provide by me.

I acknowledge that the decision of Blue Planet Aquarium whether or not to allow me to participate in an underwater dive at Blue Planet Aquarium, Ellesmere Port is final.

I also acknowledge that this disclaimer and indemnity does not affect my statutory or other legal rights.

Full Name			
Address			
Sign		**Date**	

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/ or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course. Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1. I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to Box **A**	No ☐
2. I am over 45 years of age.	Yes ☐ Go to Box **B**	No ☐
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☐
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to Box **C**	No ☐
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to Box **D**	No ☐
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes ☐ Go to Box **E**	No ☐
8. I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to Box **F**	No ☐
9. I have had stomach or intestine problems, including recent diarrhoea.	Yes ☐ Go to Box **G**	No ☐
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes ☐*	No ☐

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

_____ _____

Participant Signature (or, if a minor, participant's parent/guardian signature required.) Date (dd/mm/yyyy)

_____ _____

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

_____ _____

Instructor Name (Print) Facility Name (Print)

*** If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name _____ **Birthdate** _____

(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ☐
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐*	No ☐
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐*	No ☐
Box E – I have/have had:		
Behavioural health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

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.

_____ _____
Signature of certified medical doctor or other legally certified medical provider Date (dd/mm/yyyy)

Medical Examiner's Name_____
(Print)

Clinical Degrees/Credentials_____

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
Hyperbaric Medicine Division, University of California, San Diego