



www.cismas.org.uk

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Cornwall and Isles of Scilly Maritime Archaeology Society

CISMAS Release & Waiver

Name:.....
Address:.....
.....
Telephone No:
Mobile No:
Email:

Please read the following carefully:
I (insert name)..... understand that there are inherent risks and dangers involved in participating in the activity as described by the CISMAS Method Statement.
I certify that I am medically and physically fit to participate in the diving activities as outlined by the Diving Supervisor. I hold a current diving medical certificate of fitness to dive or will complete a self assessment medical form. I have attached a copy of my medical.
If you have any medical conditions that CISMAS should be aware of, including PFO's, blood conditions and lung conditions please detail below.....
.....
.....

I also certify that my personal diving equipment is in good working order, suitable for the particular diving environment and serviced where recommended.

Diving qualification:.....
Date qualification gained:.....
Approximate number of dives:.....
Approximate number of dives in cold water:.....
Date of last dive:.....

Emergency Contact Details:
Next of Kin Name:
Relationship to Diver:
Contact Telephone No:
Address:

Divers Signature:.....
Date:.....

CISMAS reserves the right to refuse permission to dive if this is deemed to be appropriate in the opinion of the CISMAS Diving Supervisor.