



blue planet
AQUARIUM



www.blueplanetaquarium.com



Booking Confirmation

Customer Name	
Booking Type	
Event Date & Time	

Please check the above details carefully as it is a working document for our Operations Team. If there are any amendments or if you have any queries, please contact our Booking Department on 0151 357 8804 between 09:00 and 5:00, 7 days a week. Or Email info@blueplanetaquarium.co.uk

What you can look forward to:

We want you to have an unforgettable experience, so we have designed the Shark Experience to include everything you need. Two hours of training is provided with our professional

PADI instructors. It will count towards becoming a fully qualified PADI scuba diver.

The training is split into two sections: Classroom & Practical. The classroom section will theory and safety aspects of diving as well as an introduction to the animals you are about to dive with.

The practical section includes getting used to the equipment and learning the basic skills required for the dive. You will train in a group of six then have a thirty minute dive in pairs.

Sharing the experience with friends and family

As part of your Shark Experience you are entitled to two free spectators. Additional spectators are welcome and receive a reduced rate upon entry to the aquarium.

Your spectators will be taken on a tour of the aquarium while you are going through your training.

They'll be brought back at the appropriate time and guided through our 71 metre underwater tunnel to join you on the other side of the glass!

The Dive

Your Experience will take place in our Ocean Exhibit tank. Home to Sand Tiger Sharks, Nurse Sharks, Blacktip Reef Sharks, Stingrays, Guitarfish, Moray Eels and much much more!

What to do next:

Within this document there are **Terms and Conditions, A Medical Statement and a Disclosure and indemnity Form.**

**These need to be completed and emailed back to us as soon as possible before the day of the dive.
This is to reduce the time spent at the admissions desk upon arrival.**

Medical Requirements:

A PADI medical statement is enclosed in the shark encounter pack. Please ensure this is read and completed prior to the encounter date.

All medical questions must be answered with a **YES** or **NO** response. If you are not sure, answer **YES**. If you answer **YES** to any question we must request that you consult your doctor and complete all sections on page 2 of the medical form. Please ask your practice to stamp your medical form where possible.

**ANY PARTICIPANT PRODUCING A MEDICAL FORM WITH A YES ANSWER WITHOUT GP
CONSENT WILL NOT BE ABLE TO DIVE.**

Arriving at Blue Planet Aquarium:

Your dive experience will start at the time stated at the top of this confirmation. You are welcome to arrive at any time on the day of your dive, but you must be onsite by the event start time or your dive may be forfeit. Upon arrival, simply make your way to our Reception area and present your **Dive Voucher** and this **Confirmation letter**. Our Reception Team will guide you to the correct location where you will be met by your Dive Instructor.

Things To Bring:

- A towel
- Swimming gear
- Shower products
- Completed Paperwork (this should be emailed to info@blueplanetaquarium.co.uk prior to dive)

Spectators will need cameras! If you are bringing child spectators, we would also suggest bringing some items to entertain them during the dive such as colouring books etc.

Spectators:

Included with your voucher are **2 FREE** spectator places. However, if more of your family and friends wish to join in the experience, they are welcome to! Reduced rate spectator tickets can be purchased upon arrival at the aquarium on the day of the dive. Spectators will be given a guided tour of the aquarium while their diver completes their training. Please note that you and your spectators may be here for up to 3.5 hours due to diver training periods and waiting times.

How to Find Us:



By Car:

Travelling on the M6, join the M56 at J20a and follow signs for North Wales, Chester & Runcorn. Leave the M56 at J15 and join the M53 following signs for Ellesmere Port/Birkenhead leave the M53 at J10. Continue to follow the brown tourism signs directing you to Blue Planet Aquarium.

By Bus/ Train:

The Blue Planet Aquarium is located on both the 1 and X8 bus routes that run daily between Chester and Liverpool, there are at least 4 buses an hour and their up to date routes and timetables can be found on the Stagecoach bus website. The nearest local train station to Blue Planet Aquarium is Ellesmere Port; this has services run from Helsby, Liverpool and the Wirral. The nearest two main-line train stations to Blue Planet Aquarium are Chester Station and Liverpool Lime Street Station.



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 us to do so.

If Blue Planet Aquarium cancels, postpones or alters 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. NB. This list is not exhaustive.

Blue Planet Aquarium will only issue Dive Vouchers upon receipt of full payment.

If this is a surprise gift please be aware that if the diver answers “yes” to one or more of the questions on the PADI medical form, their dive will be postponed until a later date when they can present a valid Doctor’s certificate.

If the diver fails to appear for the dive without prior written notification the dive and all payments will be forfeit. Methods of contact can be made through e-mail, fax or post (see below for details). Telephone cancellations will not be accepted.

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 is given. This 14 day notice will be strictly adhered to. If the diver gives less than 14 days’ notice then additional booking charges will be incurred, currently £25.

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 questions 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. If your GP does not authorise the dive, we do give refunds based upon medical grounds, but please be aware that there is a £25 administration fee deducted from the overall price of the dive refunded in this case. Please note – Doctors may charge additional fees.

Blue Planet Aquarium Dive Instructors reserve the right to refuse medical notes if they feel that the diver is unsuitable to participate and could possibly jeopardise the Health and Safety of themselves and other participants.

All divers must present their letter of confirmation from our Booking Office upon arrival.

Qualified divers must bring all SCUBA certifications, current and up to date log books or proof of dives within the last six months etc. Failure to do so will result in the cancellation of your dive and no refunds will be given. Kit hire for qualified dives is available at an additional charge.

Dive Terms & Conditions - Cont.

Any damages to hired equipment must be paid for in full.

Qualified divers must have a minimum of one logged dive within the six months prior to the event.

Qualified divers under the age of 18 must have a parent or legal guardian present on the day of the event.

Qualified divers under the age of 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).

There is a

minimum height for this dive at 125cm (4ft 2in) tall.

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.

All dive 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 medical exemption, Blue Planet Aquarium will issue a refund in the form of a cheque (all refunds are minus administration fees).

Dive Vouchers may be transferred to another person.

If the voucher is received as a surprise gift and there are exceptional reasons (other than medical) that the recipient can not participate we may consider a refund, on the proviso that Blue Planet Aquarium is given immediate notice.

Gift Vouchers for both Shark Encounter, Junior Shark Encounter 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.

Once the pool training and/or briefings have begun, no refunds will be given unless operational issues force Blue Planet Aquarium staff to cancel the dive

Print and sign below to state you have read, understand and agree to these terms and conditions.

Print Name	
Signature	

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).

I acknowledge that animal behaviour can be unpredictable. I hereby confirm that unless where Blue Planet are negligent, I will not hold Blue Planet Aquarium and/or any company within the same group of companies and/or any of their representatives responsible for any liability, expense, loss, claim, damage, or injury howsoever caused or suffered by me which may occur because 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 or monies to me. I agree to indemnify Blue Planet Aquarium, any other company within the same group of companies and all 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 or inaccurate information provided by me.

I acknowledge that it is the decision Blue Planet Aquarium and the Dive Instructors, whether to allow me to participate in an underwater dive at Blue Planet Aquarium, Ellesmere Port.

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

Name of Diver	
Address	
Signature	
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, blood, or have been diagnosed with COVID-19.	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
2.I am over 45 years of age.	Yes <input type="checkbox"/> Go to Box B	No <input type="checkbox"/>
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 * <input type="checkbox"/>	No <input type="checkbox"/>
4.I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to Box C	No <input type="checkbox"/>
5.I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
6.I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to Box D	No <input type="checkbox"/>
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 <input type="checkbox"/> Go to Box E	No <input type="checkbox"/>
8.I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
9.I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
10.I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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 <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A diagnosis of COVID-19.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box B – I am over 45 years of age AND:

I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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 <input type="checkbox"/> *	No <input type="checkbox"/>

Box C – I have/have had:

Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance. Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box D – I have/have had:

Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them. Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box E – I have/have had:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box G – I have had:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

* Physician's medical evaluation required (see page 1). 2 of 3

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.

Physician's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital _____

Address _____

Phone _____ Email _____

Physician/Clinic Stamp (optional)

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