# Liability Release and Assumption of Risk Agreement

## Please read carefully and fill in all blanks before signing.

I,, hereby
Participant Name
affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.
I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.
I understand and agree that neither my instructor(s),, or the facility, <b>The Adventure Club</b> , nor an of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be heliable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties whether passive or active.
In consideration of being allowed to participate in this (and optional Dives on 2 <sup>nd</sup> day), hereinafter referred to as "program," hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, and/or open water activities.
I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program of after I receive my certification.
I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during thi program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressl assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.
I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if an provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.
I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, o beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so an that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.
I,BY THIS INSTRUMENT I AGREE TO EXEMPT AND RELEASE MY
INSTRUCTOR(S),, AND THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, TH ADVENTURE CLUB, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.
I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE ANI ACKNOWLDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFOR SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.
Participant's Signature Date (Day / Month / Year)
Signature of Parent or Guardian (where applicable)  Date (Day / Month / Year)

# **Discover Scuba Diving - Knowledge and Safety Review**

To continue your Discover Scuba Diving experience, you must complete this review under t direction of your PADI Professional BEFORE getting in the water. Check the appropriate box response to each question:

1	On comp		this experience, I will be qualified to dive independe	ntly without a certified professio
2			F y ears and sinus air spaces during descent, I will ne	ed to blow gently against pinch
	□Т	□ F		
3	I should	equal	ze every metre/few feet while descending.	
	□Т	□ F		
4	If I have	discor	nfort in my ears or sinuses during descent, I should co	ntinue downward.
	□ T	□ F		
5	Underw	ater, I	should breathe slowly, deeply, continuously and neve	r hold my breath
	□ T	□ F		
6	I should	add a	r to my buoyancy control device (BCD) to float at the s	surface.
	□ T	□ F		
7	My air g		ndicates how much air I have in my cylinder and I mus me to.	t look at it often, and whenever
	□Т	□ F		
8	I should	not to	uch, tease or harass an underwater organism since I n	nay harm it or it may harm me.
	□т	□ F	-	
9	I should	not to	uch, tease or harass an underwater organism since I n	nav harm it or it mav harm me.
			,	,
	•		ement: I have had this Review explained to me and I incorrectly. I acknowledge and accept that these pr	, ·
	safety and	d com	fort during the experience.	
		Pa	ticipant's Signature	Date (Day / Month / Year)
_	Signature	of Pare	nt or Guardian (where applicable)	Date (Day / Month / Year)

### MEDICAL STATEMENT

### Participant Record (Confidential Information) Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba
training program. Your signature on this statement is required for you to participate in the scuba training program offered

by	&	THE ADVENTURE CLUB		
Instructor		Facility		

Read this statement prior to signing it. You <u>must</u> complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

#### **Divers Medical Questionnaire - To the Participant:**

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physicial Examination to take to your physician.

Could you be pregnant, or are you attempting to become pregna	ant?
Are you presently taking prescription medications? (with the ex	xception of birth control or anti-malarial)
Are you over 45 years of age and can answer YES to one or mor	e of the following?
<ul> <li>currently smoke a pipe, cigars or cigarettes</li> </ul>	<ul> <li>have a high cholesterol level</li> </ul>
<ul> <li>have a family history of heart attack or stroke</li> </ul>	<ul> <li>are currently receiving medical care</li> </ul>
<ul> <li>high blood pressure</li> </ul>	<ul> <li>diabetes mellitus, even if controlled by diet alone</li> </ul>

#### Have you ever had or do you currently have...

Signature

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	Asthma, or wheezing with breathing, or wheezing with exercise?		Any form of lung disease?
	Frequent or severe attacks of hayfever or allergy?		Pneumothorax (collapsed lung)?
	Dysentery or dehydration requiring medical intervention?		Back or spinal surgery?
	High blood pressure or take medicine to control blood pressure?		Recurrent back problems?
	Any dive accidents or decompression sickness?		Diabetes?
	Angina, heart surgery or blood vessel surgery?		Heart attack?
	Back, arm or leg problems following surgery, injury or fracture?		Heart disease?
	Frequent or severe suffering from motion sickness?		Other chest disease or chest surgery?
	Recurring complicated migraine headaches or take medications to prevent them?		Sinus surgery?
	Head injury with loss of consciousness in the past five years?		Frequent colds, sinusitis or bronchitis?
	Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?		Hernia?
	Epilepsy, seizures, convulsions or take medications to prevent them?		Ulcers or ulcer surgery?
	Blackouts or fainting (full/partial loss of consciousness)?		Recurrent ear problems?
	Ear disease or surgery, hearing loss or problems with balance?		Bleeding or other blood disorders?
	Recreational drug use or treatment for, or alcoholism in the past five years?		A colostomy or ileostomy?
	Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 m	nins.)?	
	ormation I have provided about my medical history is accurate to the best of a ns regarding my failure to disclose any existing or past health condition.	my know	rledge. I agree to accept responsibility fo

Signature

### STUDENT DETAILS (Use only when requiring a doctor's clearance)

			Birth Date		Age _
First	Initial	Last		Day/Month/Year	
ailing Address					
ity		State/Province/Region	on		
ountry		Postal Code			
ome Phone ( )		Business Phone (	)		
mail		FAX			
lame and address of your family ph	nysician				
hysician		Clinic/Hospital			
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ate of last physical examination		Name of examiner			
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			nderwater breath		
his person applying for training or is	is presently certified to enga	ige in scuba (self-contained ur		ng apparatus) diving.	Your opir
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