

DIVER'S AXIS

DISCOVER SCUBA DIVING PARTICIPATION STATEMENT

Medical Questionnaire

Personal Information

Name: _____ Date of Birth: _____
Address: _____
City/State: _____ Postal Code: _____
Telephone: _____ E-mail: _____

Medical Information

You are solely responsible to determine your medical and physical fitness to dive or engage in diving activities. If you have any questions concerning your medical or physical fitness, we recommend you consult your personal physician. Please check any of the following items that apply to your past medical history or present medical condition. If you answer yes to any of these please have a Physician's note saying you are fit for SCUBA diving.

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|---|---|
| <input type="checkbox"/> I am disabled | <input type="checkbox"/> I have behavioral health problems |
| <input type="checkbox"/> I am over 45 years of age and currently smoke tobacco products, have high cholesterol or have a family history of heart attack or stroke | <input type="checkbox"/> I have a history of convulsions, epilepsy, or seizures |
| <input type="checkbox"/> I have a history of drug or alcohol abuse | <input type="checkbox"/> I am diabetic |
| <input type="checkbox"/> I have a nervous system disorder | <input type="checkbox"/> I have a history of heart disease |
| <input type="checkbox"/> I have a history of high blood pressure or take medication to control this condition | <input type="checkbox"/> I have a history of any type of hernia |
| <input type="checkbox"/> I have had a collapsed lung (pneumothorax) | <input type="checkbox"/> I have a history of bleeding or other bleeding disorders |
| <input type="checkbox"/> I have a history of respiratory problems or disease | <input type="checkbox"/> I have claustrophobia or agoraphobia (fear of closed or open spaces) |
| <input type="checkbox"/> I have had chest, back, or heart surgery or a penetrating injury to my chest | <input type="checkbox"/> I have a history of ear or sinus surgery |
| <input type="checkbox"/> I have a history of ear disease, hearing loss or problems with balance | <input type="checkbox"/> I will require assistance |
| <input type="checkbox"/> I have a history of sinus problems | <input type="checkbox"/> I am pregnant or trying to become pregnant |
| <input type="checkbox"/> I have a history of problems with equalization (popping) ears with airplane or mountain travel | <input type="checkbox"/> I have a head or back injury |
| <input type="checkbox"/> Inability to perform moderate exercise (i.e., walk one mile in 12 minutes) | <input type="checkbox"/> I am under the care of a physician or have a chronic illness |
| <input type="checkbox"/> I have asthma, emphysema, tuberculosis or wheezing with breathing or wheezing with exercise | <input type="checkbox"/> I have a history of seizures, dizziness, fainting or blackouts |
| | <input type="checkbox"/> I have a history of |
| | <input type="checkbox"/> I am currently suffering from cold or congestion |
| | <input type="checkbox"/> I have had decompression sickness (bends) or another diving accident |
| <input type="checkbox"/> I am currently taking prescription medication (exception of birth control) which may affect diving health (list all): | |
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☐ I have hay fever or other allergies

☐ I am allergic to: _____

☐ **I currently have and/or have suffered in the past from any mental and/ or physical disease, illness or disability which would render me unfit for SCUBA diving, SCUBA diving instruction, snorkeling, or any other water sports**

Signature: _____ Date: _____

EMERGENCY CONTACT

Name: _____ Address: _____

Phone: _____ Relationship: _____

Divers Insurance Company/ Member #: _____

DIVER'S AXIS

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Read the following paragraphs carefully. This statement, which includes a medical questionnaire, the discover scuba safe diving practices and a liability release and assumption of risk agreement, informs you of some of the potential risks involved in scuba diving and of the conduct required of you during your Discover Scuba Diving Program. Your signature is required to participate in the program. If you are a minor, you must have the participant statement (which includes the acknowledges the medical questionnaire, the discover scuba diving safe practices and the liability release and assumption of risk agreement) signed by your parent or guardian. You will also need to learn from the instructor the most important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

DISCOVER SCUBA DIVING SAFE DIVING PRACTICES:

These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. I understand that upon completion of the Discover Scuba Diving program, I will not be qualified to dive independently without a certified professional guiding me. To equalize my ears and sinus air spaces, I will need to blow gently against pinched nostrils every few feet (1 meter) while descending. If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor. Underwater, I should always breathe slowly, deeply, continuously, and never hold my breath. I should respect underwater life and not touch, tease, or harass and underwater organism since it may harm me and/or I may harm it. I can seek further training from any scuba diving training facility and instructor to become certified to dive without a professional guide.

Participant Signature

Date

Signature of Parent or guardian

Date

LIABILITY RELEASE AND ASSUMPTION OF RISK

I, _____ (PARTICIPANT NAME) hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I affirm that I have read and understand the Safe Diving Practices and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that requires treatment in a recompression chamber. I further understand that this program 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 this program in spite of the absence of a recompression chamber in proximity to the dive site.

DIVER'S AXIS

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The information that I provided about my medical history on the Medical questionnaire is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

I understand that neither the dive professionals conducting this program, The professional dive staff at Diver's Axis, nor the facility through which this activity is conducted, Diver's Axis, nor PADI or ANDI, not any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this 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 program, I hereby personally assume all risks for any harm, injury, or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the academics, confined water and/or open water activities.

I further release and hold harmless the Discover Scuba Diving Program and the Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this program.

I further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of heart attack, panic, hyperventilation, etc... that I expressly 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 Assumption of Risk and Liability Release Agreement, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital and that I have signed this Release of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of the Agreement is found to be unenforceable or invalid, that provision shall be severed from the Agreement. The remainder of the Agreement will then be construed as though the unenforceable provision had never been contained herein.

I _____ (PARTICIPANT NAME), BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED AND PADI, INC OR ANDI, INC, AND ALL RELEASED ENTITIES AND RELEASED PARTIES 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 OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

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MEDIA RELEASE

_____(initials) I authorize Diver's Axis to use, in whole or in part, my name, likeness, image, voice, biography, interview, and performance in connection with all trips, in all manner and media, as Diver's Axis shall determine in its sole discretion.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read the terms and conditions set forth above in their entirety and I understand them and accept them unconditionally. I understand that I am relinquishing substantial legal rights, including the right of financial recovery for injury, death, or loss whether they result from the **INHERENT RISKS** of the activity or from the **ORDINARY NEGLIGENCE** of Diver's Axis and all other RELEASED PARTIES. It is further acknowledged that the signer is **voluntarily** participating in the activity and is **voluntarily** signing the agreement.

Student Signature

Date

Signature of Witness

Date

Signature of Parent or Guardian

Date

(If under the age of 18)