



**For all parties involved in The Introduction To Scuba Course. One form per family.**

**Please fill out both sides.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ M or F  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country (if not USA) \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_  
**Parent or Guardian e-mail address** \_\_\_\_\_

**Please read carefully before signing.**

I, (Participant Name) \_\_\_\_\_ hereby affirm that I have been advised and informed of the inherent hazards of scuba diving. I understand and agree that neither my instructor(s), Scuba Sciences, Inc. nor 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 or my family, heirs, or assigns that may occur as a result of my participation in this experience 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 experience, I hereby save and hold harmless said program and I personally assume all risks in connection with this experience, for any harm, injury or damage that may befall me while I am a participant in this experience, including all risks connected therewith, whether foreseen or unforeseen. I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this experience, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. I understand that The Introduction to Scuba Course is designed to provide me with an introduction to scuba diving in a pool environment. The experience is not intended to train me as a competent diver. I further understand and agree that I must be thoroughly instructed in the use of scuba in a certification course under the direct supervision of a qualified instructor to become a certified, competent diver.

**Confidential Medical History Form:** To the Participant: Please check any of the following items that apply to your past medical history or present medical condition. If any (1-16) of these items do apply to you please consult a physician prior to participating in a scuba diving experience.

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 that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

IT IS THE INTENTION OF **(PARTICIPANT NAME)** \_\_\_\_\_ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTOR(S), SCUBA SCIENCES, INC. AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOW-EVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I ALSO ACKNOWLEDGE THAT I HAVE ALSO READ, HAD EXPLAINED TO ME, AND UNDERSTAND THE DISCOVER SCUBA MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT MY IMAGE OR LIKENESS MAY BE USED FOR PROMOTIONAL PURPOSES BY THIS TOUR, AND HEREBY CONSENT TO A PHOTOGRAPHERS/MODEL RELEASE FOR SUCH IMAGERY.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please fill out a medical questionnaire on the back of this form for each person participating.**

## Please use one section for each person in the same family.

- I am currently suffering from a cold or congestion.
- I am diabetic.
- I have a history of respiratory problems or disease.
- I have a history of heart condition  
(e.g.: cardiovascular disease, angina, heart attack).
- I currently have an ear infection.
- I have a history of sinus problems.
- I have had asthma, emphysema or tuberculosis.
- I smoke a pack or more of cigarettes a day.
- I have had problems equalizing (popping) my ears with airplane or mountain travel.
- I am currently taking medication that carries a warning about any impairment of my physical or mental abilities.
- I have a history of seizures, dizziness or fainting.
- I have a nervous system disorder
- I am under the care of a physician or have a chronic illness.
- I have recently had an operation or illness.
- I am pregnant.
- I am claustrophobic.
- I am under the influence of drugs or alcohol

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Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ M or F

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