

Do Not Complete This Section Yet

Your Instructor Will Review This Information With You at Your Discover Scuba Experience!

### Discover Scuba Diving Knowledge and Safety Review

To continue with your Discover Scuba Diving experience, you must complete this review under the direction of your IAHD-Americas' Professional before getting in the water.

- Upon completing this experience, I will be qualified to dive independently without a certified professional guiding me.
- To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.
- I should equalize every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should continue downward.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should add air to my buoyancy control device (BCD) to float at the surface.
- The "caution zone" on my air gauge indicates that I have plenty of air in my tank and that I may continue diving.
- I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.
- I should stay close to the IAHD-Americas' Professional during my Discover Scuba Diving experience and signal if something is wrong.

Check the appropriate box in response to questions above.

	True	False		True	False
1.	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	7.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	8.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	9.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>			

**Participant Statement:** I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

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

#### Flying After Diving Recommendations

- For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested.
- For repetitive dives and/or multi-day dives within the no decompression limits, a minimum pre-flight surface interval of 18 hours is suggested.
- For dives requiring decompression stops, a minimum pre-flight surface interval greater than 18 hours is suggested.



Name: \_\_\_\_\_

# DISCOVER SCUBA DIVING PARTICIPANT REGISTRATION FORM

### DISCOVER SCUBA DIVING PARTICIPANT STATEMENT

Read the following paragraphs carefully. This statement, which includes a Medical Questionnaire, the Discover Scuba Diving Safe Diving Practices and a Liability Release and Assumption of Risk Agreement, informs you of some potential risks involved in scuba diving and of the conduct required of you during the IAHD-Americas 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 and acknowledges the Medical Questionnaire, the Discover Scuba Diving Safe Diving 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.

#### Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must 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 heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program. The purpose of this Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. 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 a physician. Please answer the following questions on your past and 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 a Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

#### Please print YES or NO on each line

- \_\_\_\_\_ Do you currently have an ear infection?
- \_\_\_\_\_ Do you have a history of ear disease, hearing loss or problems with balance?
- \_\_\_\_\_ Do you have a history of ear or sinus surgery?
- \_\_\_\_\_ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- \_\_\_\_\_ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?
- \_\_\_\_\_ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- \_\_\_\_\_ Do you have active asthma or history of emphysema or tuberculosis?
- \_\_\_\_\_ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- \_\_\_\_\_ Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- \_\_\_\_\_ Are you or could you be pregnant?
- \_\_\_\_\_ Do you have a history of colostomy?
- \_\_\_\_\_ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- \_\_\_\_\_ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- \_\_\_\_\_ Are you over 45 and have a family history of heart attack or stroke?
- \_\_\_\_\_ Do you have a history of bleeding or other blood disorders?
- \_\_\_\_\_ Do you have a history of diabetes?
- \_\_\_\_\_ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- \_\_\_\_\_ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- \_\_\_\_\_ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

#### Discover Scuba Diving Safe Diving Practices

These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving.

- I understand that upon completing 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/one metre 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 breathe slowly, deeply, continuously and never hold my breath.
- I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and/or I may harm it.
- I can seek further training from any IAHD-Americas Dive Center, Resort and Instructor to become certified to dive without a professional guide.

#### Flying After Diving Recommendations

- For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested.
- For repetitive dives and/or multi-day dives within the no decompression limits, a minimum preflight surface interval of 18 hours is suggested.
- For dives requiring decompression stops, a minimum preflight surface interval greater than 18 hours is suggested.

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 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.

The information I have 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 and agree that neither the dive professionals conducting this program, **IAHD-AMERICAS**, nor the facility through which this activity is conducted, \_\_\_\_\_, 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, 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 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 (participant name), \_\_\_\_\_, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND IAHD-AMERICAS, AND ALL RELATED 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.

\_\_\_\_\_  
Participant Signature Day/Month/Year

\_\_\_\_\_  
Parent/Guardian Signature (where applicable)

### Discover Scuba Diving Registration Form

/  /   
Program Completion Date (Day/Month/Year)

First Name MI Last Name

Date of Birth  /  /

\_\_\_\_\_  
Participant Mailing Address

City State Zip Code

Gender  Male  Female  
Phone e-mail address

## MODEL RELEASE

Model/actor name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_



For valuable consideration, including possible publication of my image, receipt of which I acknowledge, I hereby grant the worldwide, perpetual right and permission to photograph/videotape, use, copyright, publish and republish, broadcast and rebroadcast, and/or distribute and redistribute photos and/or videos, in whole or in part, of me, to **IAHD-AMERICAS**, for use in articles, advertising, or for any other purposes in printed or electronic or any other media including but not limited to magazines, books, newsletters, web sites, CD-ROMs, DVDs, tapes and other forms of still and/or motion media, now existing or yet to be created. I further grant **IAHD-AMERICAS** the right to transfer and/or assign this right and permission, permanently or temporarily, to any person, agent, entity or company in connection with said purposes. I acknowledge that the photograph(s)/video(s) may be altered, enhanced or edited through photographic or computer methods.

I hereby release and discharge **IAHD-AMERICAS** and their assigns, agents and/or all persons acting under their permission and authority or those for whom they may be acting, from and against any liability as a result of this release, including but not limited to liability caused by any distortion, blurring, alteration or optical illusion that may occur in the taking of the photographs/video or in processing, reproduction or editing of the finished photograph(s)/video(s) and assume these risks myself. I hereby release and discharge **IAHD-AMERICAS** and their assigns, and all persons acting under their permission and authority or those for whom they may be acting, from and against any liability that results from the use of the photograph(s)/video(s), and assume any such risks myself. I waive any right to inspect said photograph(s)/video(s) in its/their original, enhanced, or edited form prior to publication, duplication, broadcast or other use in any form of media.

I understand that no payment or consideration other than as stated in this agreement will be paid to me now or in the future.

I agree that copyright ownership of any photos, video, or other media resulting from this agreement shall be owned by **IAHD-AMERICAS** or its affiliate(s) as **IAHD-AMERICAS** shall decide.

I hereby warrant that I am of full age and competent to contract in my own name in so far as the contents of this release are concerned; or, if the Model/actor is under age 18, that I am the parent or legal guardian of the Model/actor and I have the legal right to sign this agreement on the Model/actor's behalf. I have read the above and I fully understand its contents.

Model/actor signature \_\_\_\_\_ Date \_\_\_\_\_ Age\* \_\_\_\_\_

\*If Model/actor is under the age of 18 years, a parent or legal guardian's signature is required:

Parent/Legal Guardian's signature Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_