

LIABILITY RELEASE AND EXPRESS ASSUMPTIONS OF RISK FOR DIVING

THIS IS A RELEASE OF YOUR RIGHTS TO SUE PETE MESLEY, AND/OR ANY OF THEIR EMPLOYEES, AGENTS AND ASSIGNS, AND ANY ENTITY FOR PERSONAL INJURIES OR WRONGFUL DEATH THAT MAY OCCUR DURING YOUR FORTHCOMING DIVE ACTIVITIES AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA (OR CCR) DIVING/SNORKELING AND THE UNIQUE ENVIRONMENT.

Please place your initials next to each of the following sections:

1. I acknowledge that I am a certified scuba Diver or CCR diver. My Highest certification level is

agency name

card #

date certified

NOTE: Please indicate your highest level of certification and include a photocopy of the front and back of your certification card. Rebreather divers - CCR cards with highest level of qualification would be appreciated.

2. I have _____ hours of diving experience on the above certification level. Total amount of hours

of diving is _____.

3. I carry adequate Medical/Diving Insurance (where applicable) to handle any medical problems I may develop in connection with my upcoming dives.

4. I understand that diving with compressed air or mixed gases (or on a Rebreather) involves certain inherent risks, including decompression sickness, embolism, Oxygen Toxicity, or other hyperbaric injuries. I further understand that even though I follow all of the appropriate dive practices, there is still some risk of sustaining these injuries, and I expressly assume the risk and responsibility of said injuries.

5. I certify that I am in good physical and mental health and any health concerns have been addressed by visiting a diving medical professional rendering me fit to dive. If you answer YES to any of the questions in the attached RSTC Medical form you will be required to undergo a divers medical. Details of that form are to be attached.

6. If I suspect that I have DCS I will immediately inform the dive supervisor or tour leader.

7. I understand that I will always dive safe, not put myself or others at risk. If I do put myself or other people at risk I will not be able to continue diving with this group.

8. I understand that scuba (and CCR) diving are physically strenuous activities and that I will be exerting myself during my diving activities. If I am injured as a result of a heart attack, panic attack, hyperventilation or other injury/illness related to diving, I expressly assume the risk of all said injuries.

9. I understand that safe practices for scuba (or CCR) diving include but are not limited to the following:

- a) I will **not** scuba (or CCR) dive while under the influence of alcohol, drugs and/or any other controlled substance.
- b) I will **not** dive alone or with a person whom I have not thoroughly discussed the dive plan. Each of us will review one another's diving equipment and emergency procedures before each dive.
- c) I will dive with properly maintained and serviced regulators, Ensuring that **ALL OXYGEN CLEANING** is done within 12 months of the trip dates on ALL regulators with anything higher than EAN40 (or as stated by the manufacturer, and Serviced by a Proper service agent. buoyancy control device that has a power inflation system, a depth gauge, a submersible pressure gauge and a timing device.
- d) I will adjust weights to maintain neutral buoyancy with no air in my buoyancy control device at the surface of the water and position weights to keep the quick-release buckle centered and accessible at all times.
- e) I will **not** dive in conditions I which I do not feel comfortable or that I believe exceed my physical abilities, overhead environments and other dangerous environments.
- f) I will surface with at least 30-50 bar in my air tank (DIL) and no less than 30 bar of O2 and will not stay underwater until my gas supply has exhausted.
- g) I am proficient with the use of a dive table and/or a dive computer and (or) can plan extended decompression dives if appropriately trained.
- h) I understand that the boat captain and dive supervisor (s) will make the final selection of dive location, based upon the weather conditions, and I will abide by their selection.
- i) (For CCR divers only) I will **not** exceed the single maximum CNS dose or daily dose both with

CNS or OTU and if levels exceed 100% you will be required to stand down for 12 hours

- J) (For CCR divers only) I will **not** dive if my rebreather is faulty or shows (but not limited to) cell failure, Low battery, controller problems before the dive and if I have any failures I will end the dive immediately.

10. I state that I am at least twenty-one (21) years of age and legally competent to sign this Liability Release and Express Assumption of Risk.

11. I understand that this Liability Release and Express Assumption of Risk constitutes a contract between myself and the released parties listed above and that I have signed this document of my own free will

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF, AND HEIRS AND MY ESTATE.

Printed name of diver: _____ **DOB:** _____

Signature of diver: _____ **Date** _____



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 _____ and
Instructor

_____ located in the
Facility

city of _____, state/province of _____.

Read this statement prior to signing it. You must 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 Physical Examination to take to your physician.

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

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

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

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

The information I have provided about my medical history 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 condition.

_____ Signature _____ Date _____ Signature of Parent or Guardian _____ Date _____