

Scuba Intro Class

NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

STATEMENT OF UNDERSTANDING

"I Understand that while SCUBA diving is not particularly hazardous sport when pursued carefully by properly trained and experienced divers, it does occur in hazardous environment which can be offset by the development of skills and knowledge acquired through that training and experience. I agree to apply myself to learning as much as possible from this SCUBA course and hold free from any and all liability Just Add H2O Inc., its respective officers, employees and instructor s, and do hereby for myself, my heirs, and executors and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with the participation in such activities, including open water activities, and in addition do give specific authorization to the Diving Instructor to authorize hospital medical treatment for any diving related malady, should such occur during any water activity."

MEDICAL HISTORY QUESTIONNAIRE

TO THE APPLICANT: You are about to participate in an activity which places considerable demands on your body. SCUBA diving with medical defects can exacerbate or even cause certain medical problems. This medical history form is designed to allow the applicant and the SCUBA Instructor to assess the physical condition of the applicant, and in some cases to require a physical from a physician to continue. In some cases, items which are of particular concern to SCUBA diving and which may indeed cause problems for the diver and partner, will warrant a doctor's examination. Based on your answers to the following questions, a medical examination may be waived or required.

"I have a history of the following condition(s)"

- | | |
|-----------------------------------|------------------|
| 1. Asthma | 1. Yes___ No___ |
| 2. Shortness of breath | 2. Yes___ No___ |
| 3. Persistant or Productive cough | 3. Yes___ No___ |
| 4. Hear or Lung surgery | 4. Yes___ No___ |
| 5. Chest Pain | 5. Yes___ No___ |
| 6. Heart trouble | 6. Yes___ No___ |
| 7. Ear, sinus or neurosurgery | 7. Yes___ No___ |
| 8. Dizzy or fainting spells | 8. Yes___ No___ |
| 9. Fits or seizures | 9. Yes___ No___ |
| 10. Pneumothorax | 10. Yes___ No___ |
| 11. Diabetes | 11. Yes___ No___ |
| 12. Tuberculosis | 12. Yes___ No___ |
| 13. Rheumatic fever | 13. Yes___ No___ |
| 14. Ruptured eardrum | 14. Yes___ No___ |

Signed _____ Date _____

Parent or guardian if under 18 _____