



PADI DISCOVER SCUBA DIVING

Participant Registration Package

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Birthday: (Month, Day, Year): _____

Sex: Male Female Age: _____

T-Shirt Size: _____ (for fitting BCD)

Weight (lbs): _____ Shoe Size: _____

Discover Scuba (Age 10+): _____ Bubblemaker (kids 8 & 9): _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



PADI Medical Questionnaire

Read the following paragraphs carefully:

This statement informs you of some of the potential risks involved in scuba diving and the conduct required of you during your PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read the Discover Scuba Diving Guide and sign off on this form. You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.

Scuba diving is an exciting and demanding activity. To scuba dive, 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 the 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 pre-existing 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 a **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 PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

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|--------|---|--------|--|
| Yes No | Do you currently have an ear infection? | Yes No | Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery? |
| Yes No | Do you have a history of ear disease, hearing loss or problems with balance? | Yes No | Do you have high blood pressure, angina, or take medication to control blood pressure? |
| Yes No | Do you have a history of ear or sinus surgery? | Yes No | Are you over 45 and have a family history of heart attack or stroke? |
| Yes No | Are you currently suffering from a cold, congestion, sinusitis or bronchitis? | Yes No | Do you have a history of bleeding or other blood disorders? |
| Yes No | Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease? | Yes No | Do you have a history of diabetes? |
| Yes No | Have you had a collapsed lung (pneumothorax) or history of chest surgery? | Yes No | Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them? |
| Yes No | Do you have active asthma, or history of emphysema or tuberculosis? | Yes No | Do you have a history of back, arm or leg problems following an injury, fracture or surgery? |
| Yes No | Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities? | Yes No | Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)? |
| Yes No | Do you have behavioural health, mental or psychological problems or a nervous system disorder? | | |
| Yes No | Are you or could you be pregnant? | | |
| Yes No | Do you have a history of colostomy? | | |

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 medical condition.

Signature of Student:

Dated



Signature of Parent or Guardian

Dated

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

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

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require 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, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber or medical facility 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 the 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, nor the facility through which is offered, FLOAT N' FLAG SPORT & DIVE INC., nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, 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 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 knowledge development, 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 enrollment and 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 a 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 Liability Release and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian.



I understand the terms herein are contractual and not a mere recital, and that I have signed this document 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 understand and agree that I am not only giving up my right to sue the Related Parties but also any rights of my heirs, assigns or beneficiaries may have to sue the Related Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

Non-Agency Disclosure & Acknowledgement Agreement

I understand and agree that PADI members ("Members"), including **FLOAT N' FLAG SPORT & DIVE INC.** and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of **FLOAT N' FLAG SPORT & DIVE INC.**, and/or the instructors and divemasters associated with the activity.

I, _____, by this instrument do exempt and release the dive professionals conducting this program, the facility through which the program is conducted, and PADI Americas, Inc. 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 AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

Signature of Student

Dated

Signature of Parent or Guardians

Dated

