



Diver Development Program Student Information

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

Birthday: _____

Sex: Male Female Age: _____ Weight (lbs): _____

T-Shirt Size: _____ (for fitting BCD)

Select the program that you wish to enroll in:

Enter your highest current certification level:

_____ _____ _____
Certifying Agency Current Certification Level Certification Number

Where do you plan on doing your checkout dives?

How did you hear about the Float N' Flag Dive Centre?

NOTE: This form is valid for 1 year from the date of completion as marked on the document. You must also take the course within 12 months of signing up or the fees may not be reimbursed. If your medical condition changes such that you would have to answer a YES on the medical form, you are required to complete a new form and obtain your physician's approval prior to any in-water activity. I understand and agree to FNF's class cancellation policy, namely that if I cancel my participation within 1 week of the start of the class that no refund will be given. Cancellations or reschedule requests made between 1 & 2 weeks will be assessed a \$75 fee that must be paid prior to taking the rescheduled class. Rescheduling is subject to availability.

Signature

Date

FNF Course Cancellation & Schedule Change Policy

Course Fees are NON-REFUNDABLE.

Within 2 weeks notice, a paid student may notify FLOAT N' FLAG DIVE CENTRE of their intention to move the date they wish to take the course, with **no penalty**, as long as the new date falls within 12 months or the original sign-up date. After 12 months, if the course is not rescheduled, the course fee is considered forfeit by the customer to cover administrative and other costs (unless agreed to in writing by management for special circumstances).

If **7-14 days notice** is provided to move from one class session to another, a **\$75.00 administration fee** will apply and must be paid in full before the new class registration is formalized. Float N' Flag cannot guarantee that the desired class is available or that the student can move to the desired class. The availability of space in new classes depends on the size of the new class and the instructor to student ratios.

If **less than 7 days notice** is provided to Float N' Flag, or if a student **does not show up** for their course, staff and pool commitments have already been made and the **course portion of the fee is forfeit** by the customer to cover these and other administrative costs and must be paid again when re-booking additional dates. The availability of space in new classes depends on the size of the new class and the instructor to student ratios.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <i>Go to Box A</i>	No
2. I am over 45 years of age.	Yes <i>Go to Box B</i>	No
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes *	No
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <i>Go to Box C</i>	No
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes *	No
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <i>Go to Box D</i>	No
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes <i>Go to Box E</i>	No
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <i>Go to Box F</i>	No
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <i>Go to Box G</i>	No
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes *	No

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

The PADI Professional Staff

Float N Flag Sport & Dive Inc.

Instructor Name (Print)

Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg: stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes	*	No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes	*	No
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes	*	No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes	*	No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes	*	No

Box B – I am over 45 years of age AND:

I currently smoke or inhale nicotine by other means.	Yes	*	No
I have a high cholesterol level.	Yes	*	No
I have high blood pressure.	Yes	*	No
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes	*	No

Box C – I have/have had:

Sinus surgery within the last 6 months.	Yes	*	No
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes	*	No
Recurrent sinusitis within the past 12 months.	Yes	*	No
Eye surgery within the past 3 months.	Yes	*	No

Box D – I have/have had:

Head injury with loss of consciousness within the past 5 years.	Yes	*	No
Persistent neurologic injury or disease.	Yes	*	No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes	*	No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes	*	No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes	*	No

Box E – I have/have had:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes	*	No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes	*	No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes	*	No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes	*	No

Box F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes	*	No
Back or spinal surgery within the last 12 months.	Yes	*	No
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes	*	No
An uncorrected hernia that limits my physical abilities.	Yes	*	No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes	*	No

Box G – I have had:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes	*	No
Dehydration requiring medical intervention within the last 7 days.	Yes	*	No
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes	*	No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes	*	No
Active or uncontrolled ulcerative colitis or Crohn’s disease.	Yes	*	No
Bariatric surgery within the last 12 months.	Yes	*	No

*Physician’s medical evaluation required (see page 1).



Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form Continuing Education Administrative Document

NOTE: Also complete and attach the Diver Medical Form (Product No. 10346)

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables— whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.

5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. I have read the above statements 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.

NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT 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.

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; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification 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 such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").

I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs

Float N' Flag Sport & Dive Inc, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors 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 the Programs 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 the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that may befall me while I am a participant in the Programs including, but not limited to, the academics, confined water and/or open water activities. I further release, exempt and hold harmless said Programs and 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 including both claims arising during the program or after I receive my certification(s).

I understand that past or present medical conditions may be contraindicative to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I affirm it is my responsibility to inform my instructor of any and all changes to my health condition at any time during my participation in the Programs and agree to accept responsibility for my failure to do so.

I also 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, drowning or any other cause, 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 Agreement 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 hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the date on which I sign this Agreement.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I _____ HAVE COMPLETED THE ATTACHED DIVER MEDICAL FORM (10346) AND I AFFIRM IT IS MY RESPONSIBILITY TO INFORM MY INSTRUCTOR OF ANY AND ALL CHANGES TO MEDICAL HISTORY AT ANY TIME DURING MY PARTICIPATION IN SCUBA PROGRAMS. I AGREE TO ACCEPT RESPONSIBILITY FOR OMISSIONS REGARDING MY FAILURE TO DISCLOSE ANY EXISTING OR PAST HEALTH CONDITION, OR ANY CHANGES THERETO.

I, _____ BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS 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 NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, DIVER MEDICAL AND STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING BY READING THEM BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

Scuba Diving Release Form

Be informed and enjoy your visit. Please read the Rules & Regulations carefully.
You will be required to submit a signed copy upon arrival.

THE FOLLOWING RULES MUST BE FOLLOWED IF SCUBA DIVING IS TO TAKE PLACE ON Bloom Resorts FLAMBOROUGH PROPERTY. ALL OTHER VISITOR TERMS AND CONDITIONS MUST BE FOLLOWED.

1. Only certified card-carrying scuba divers are allowed on Flamborough Resorts property unless under full instruction of an ACUC, NAUI, or PADI insured instructor.
2. Scuba divers shall dive only in even numbers unless the full instruction of an ACUC, NAUI or PADI insured instructor.
3. All persons using scuba gear warrant that they will only dive with up-to-date equipment which is in good working order.
4. Any scuba diver assumes any and all risks of diving in the quarry.
5. No ALCOHOLIC beverages are allowed in any scuba diving area.
6. Divers may not remove any findings or artifacts from the lake.

I hereby release Bloom Resorts Flamborough, its affiliates, subsidiaries, successors and assigns of any and all claims, demands and causes of action howsoever arising in connection with my dive at Bloom Flamborough Resorts, its affiliates, subsidiaries, successors and assigns in connection with my dive. The release and indemnity shall be binding on me as well as my heirs, executors, administrators and assigns.

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

Certification #: _____ Level of Qualifications: _____

Dated at Millgrove, Ontario on this _____ day of _____, 20____.

Are you a member of a scuba diving club/organization : Yes No

If Yes, name of the club/organization : _____

Signature: _____

Note: Resort Management reserves the right to revise/change these Rules & Regulations at any time without prior notice.