

SCUBA COURSE STUDENT RECORD

CLASS # FSC710

PLEASE PRINT

* THIS INFORMATION WILL APPEAR ON YOUR CERTIFICATION CARD

BIRTH DATE* _____ AGE _____

NAME* _____ NICK NAME _____
First MI. Last

E-mail address _____

PERMANENT ADDRESS* _____ PHONE _____

CITY* _____ STATE* _____ COUNTRY _____ ZIP* _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

LOCAL ADDRESS (SCHOOL) _____ PHONE _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

PRIOR SKIN OR SCUBA DIVING EXPERIENCE _____

HOW DID YOU HEAR ABOUT THIS COURSE? _____

INSTRUCTOR NOTES:

SCUBA EDUCATORS INTERNATIONAL
Statement of Understanding/Waiver & Release

(Read carefully before signing)

I, _____, wish to participate in the skin diving/scuba diving course taught by J & R SCUBA Inst. (the "Instructor(s)" at _____ (the "Facility").

I have been thoroughly informed of the inherent hazards of skin diving and scuba diving, including the possibility of equalization injuries, decompression sickness, embolism or other hyperbaric injuries, and the risk of open-water dive trips that are necessary for training and which may be conducted at a site that is remote from a recompression chamber or other medical assistance. I understand these and other risks of an activity that is conducted on and under the water, and may be physically strenuous. **I hereby personally assume all risks in connection with this course for any loss or harm, personal injury, death or property damage which may occur to me as a result of my participation in the course or in diving thereafter, whether such risks are foreseen or unforeseen.**

In consideration of permitting me to participate in this course, I hereby agree to release, discharge and hold harmless my Instructor(s), the Facility, SEI Diving, and any of their assistants, employees or other agents (collectively, the "Released Parties") from liability for any and all claims I may have for loss or harm, personal injury, wrongful death or property damage, whether caused by any negligence of the Released Parties, either active or passive, or otherwise. I understand that this is a contract not to sue. I agree to save and hold harmless the Released Parties from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my participation in this course or the instruction I received.

I have read this Statement of Understanding/Waiver and Release. I understand the terms of this document, understand that I am waiving a right to sue by signing it, and sign it freely and voluntarily, without relying on any inducement or statement other than its terms. It is my intent that this document shall be a full and unconditional waiver of claims and release, to the fullest extent allowed by law.

Student's Signature _____ Date _____

Witness Signature _____

Print parent or guardian name when applicable:

Date

I am signing this document on behalf of myself and my minor child. I have read and understand this document and agree to be bound by all of its terms.

Signature _____ Witness Signature _____



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 Ross Sexter/J&R SCUBA and
Instructor

Greater Indpls YMCA located in the
Facility

city of Indianapolis state/province of IN

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.

- 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

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.)?

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.

- 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?

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 _____