The Scuba Schools Group **Student Registration Form**

Name: Date of Birth:

Committing to the terms listed below : Month/Day/Year

Address:

City: State: Zip:

Telephone: Home: Work:

Cell Phone: Fax:

Email:

Height: Weight: Shoe Size: Circle One: Female Male

COURSE DESCRIPTION: Discover Scuba Diving

Pool Date:

In signing, I agree to the terms stated herein, and accept full financial responsibility for myself and the others I have listed above. **I understand that because of space limitations and instructor and facility commitments, that registration and tuition fees are due in full at time of registration. Cancellation within 14 days of the scheduled training dates are not refundable, but may be transferred to other class dates on a standby, space available basis. Re-scheduled training dates cannot be confirmed till 5 days prior to the new program dates. I understand that if any of the medical conditions on the attached medical statement apply, I must seek a physicians written approval on the PADI Medical Statement prior to the program - and that I am responsible for providing this written approval from my physician to Seattle Scuba at least 5 days prior to the date I am scheduled for. Failure to provide this will result in my being unable to join the session.**

Student Signature: **Date** / /

Parent or Guardian: **Date** / /

(If Student is under 18 years of age.)

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Liability Release and Assumption of Risk Agreement

I (participant name), _____, 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 requires 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 or both, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber 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 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 this activity is conducted, _____, 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 any party, including 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 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 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 that 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 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 (participant name), _____, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY 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 BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

_____ Date _____

Participant Signature Day/Month/Year

_____ Date _____

Parent/Guardian Signature (where applicable) Day/Month/Year

Emergency Contact Information

Name _____

Relationship _____ Phone (_____)_____

Flying After Diving Recommendations

1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested. 2) For repetitive dives and/or multi-day dives within the no decompression limits, a minimum preflight surface interval of 18 hours is suggested. 3) For dives requiring decompression stops, a minimum preflight surface interval greater than 18 hours is suggested.

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DISCOVER SCUBA DIVING

Learn to Dive online with PADI eLearning®

Become a certified PADI Open Water Diver so you can have the freedom to dive nearly everywhere.

PADI Discover Scuba Diving
Participant Statement

Read the following paragraphs carefully. This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement and the Discover Scuba Diving Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. Your signature is required to participate in the program. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire and the Liability Release and Assumption of Risk Agreement) signed by your parent or guardian.

You will also need to learn from the PADI Professional the most important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor to use it safely.

(continued, see center panel)

– Tear Here –

This card recognizes that you have attended and satisfactorily completed a PADI Discover Scuba Diving program. To dive without professional supervision, you must continue your education and become certified in the PADI Open Water Diver course. For more information about the PADI Open Water Diver course, visit your local PADI Dive Center or Resort. You can also visit padi.com.

Your Name _____

DSD Program Location _____

DSD Program Date _____ Instructor No. _____

Instructor Name _____

Instructor Signature _____

Discover Scuba Diving is not a scuba certification.

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PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, 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 this 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 preexisting 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 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.

____ Do you currently have an ear infection?

____ Do you have a history of ear disease, hearing loss or problems with balance?

____ Do you have a history of ear or sinus surgery?

____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?

____ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?

____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?

____ Do you have active asthma or history of emphysema or tuberculosis?

____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?

____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?

____ Are you or could you be pregnant?

____ Do you have a history of colostomy?

____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?

____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?

____ Are you over 45 and have a family history of heart attack or stroke?

____ Do you have a history of bleeding or other blood disorders?

____ Do you have a history of diabetes?

____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?

____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?

____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

Please read the two additional light blue panels, fill in the information on the back and sign. (see reverse)

Discover Scuba Diving Knowledge and Safety Review

To continue with your Discover Scuba Diving experience, you must complete this review under the direction of your PADI Professional before getting in the water.

1. Upon completing this experience, I will be qualified to dive independently without a certified professional guiding me.
2. To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.
3. I should equalize every few feet/one metre while descending.
4. If I have discomfort in my ears or sinuses during descent, I should continue downward.
5. Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
6. I should add air to my buoyancy control device (BCD) to float at the surface.
7. The "caution zone" on my air gauge indicates that I have plenty of air in my tank and that I may continue diving.
8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.
9. I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong.

Check the appropriate box in response to questions above.

	True	False		True	False
1.	☐	☐	5.	☐	☐
2.	☐	☐	6.	☐	☐
3.	☐	☐	7.	☐	☐
4.	☐	☐	8.	☐	☐
			9.	☐	☐

Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

Participant Signature_____**Date**_____

Day/Month/Year

Discover Scuba Diving Registration Form

Participant Information - Please print clearly within the boxes provided.

Fill bubbles completely. ● **Use blue or black pen.**

Your personal information is required for PADI's Quality Management process. Visit padi.com for PADI's privacy policy.

Program Completion Date (Day/Mon/Year) __ __ / __ __ / __ __ __ __

PADI Professional: You must register participants within 30 days by either completing the online form at the PADI Pros Site of padi.com or mailing the Discover Scuba Diving Registration Form to your PADI office.

First Name

MI

Last Name

Date of Birth

Day

○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ○ Aug ○ Sep ○ Oct ○ Nov ○ Dec

Year

Email

Participant Mailing Address

Participant Mailing Address

City

State/Province

Zip/Postal Code

Phone

Country

Gender: ○ Male ○ Female

For office use only

Dive Verification

PADI Member Number

Dive Center/Resort Number

Program Location

I have conducted all phases of the ○ **Pool/Confined Water version** **OR** ○ **Optional Open Water version** **of the Discover Scuba Diving program as outlined in the Discover Scuba Diving Instructor Guide.**

Member's Name (Please Print)

Member's Signature

64385

Send top copy to your PADI office.

Members retain bottom copy for your records.

Date(Day/Mon/Year)