

# DIVING4DIVERSITY



Dear Discover Scuba Participant, Parent and/or Guardian,

Have you ever wondered what it's like to breathe underwater? While not an actual scuba certification, during a Discover Scuba Diving experience, you'll learn how to use scuba equipment in shallow water and get a quick and easy introduction to what it takes to explore the underwater world. You'll use all the basic scuba gear including a mask, snorkel and fins, a buoyancy compensating jacket that also carries your scuba tank, a scuba regulator to breathe from and instrumentation to monitor depth and air supply. You might also wear a scuba wetsuit. Min. age is 10 years old.

To attend a Discover Scuba experience, we need some paperwork completed ahead of time. Attached, you will find a **Liability Release and Assumption of Risk Agreement**. Please read and print your name in the blanks as appropriate, sign and date. Please be sure to have the participant sign and, if under the age of 18, a parent or guardian must also sign. Complete the **Emergency Contact Information** at the bottom of the form.

The next page is the **PADI Medical Questionnaire**. Please answer each question with a **YES or a NO** (not a Y, N or N/A or a line down the column). If you need to answer "YES" or are unsure, please consult your physician and have him/her complete the Physician portion of the **Physician's Release** form (contact Diving4Diversity for this form). Please note that if there is a "YES" on the medical questionnaire, we need a Physician's Release form completed and signed before we can proceed with any pool activities.

The next section is the **Non-Agency Disclosure and Acknowledgment Agreement** form. Simply read, sign and date. Last but not least is the **Discover Scuba Diving Registration Form**. Please complete with the participant's information.

Return completed forms to **info@Diving4Diversity.com**. If you have ANY questions or concerns, please contact us directly at 314-313-5938. We are honored to share with you (or your child) the thrill of weightlessness and are very much looking forward to providing a safe and unique adventure – one we hope you and your family will continue for a lifetime.

Sincerely,

Valerie Elliott, Owner, Y-kiki Divers

Jeffrey Mormol, MD CEO Diving4Diversity

**Please complete and Email to info@Diving4diversity.com**

**EVENT NAME:** Diving4Diversity Creating Opportunities

**DSD Program Location (pool):** \_\_\_\_\_ **DSD Program Date:** \_\_\_\_\_

**Participant**  
**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Shoe Size:** \_\_\_\_\_

*Revised May 27 2021.*

**www.Diving4Diversity.com**

**Text us at (314) 313-5938 or email us at: info@Diving4Diversity.com**

# 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 (Statement of Risks and Liability), Non-Agency Disclosure and Acknowledgment and the Discover Scuba Diving Knowledge and Safety 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. If you are a minor, your parent or guardian must read this Guide and sign on the back panel.

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.



## PADI Medical Questionnaire

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 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)?

# Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including Elliott Enterprises LLC, dba Y-Kiki Divers 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 Elliott Enterprises LLC, dba Y-Kiki Divers and/or the instructors and divemasters associated with the activity.

## 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 injuries 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 or both, 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 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 program is offered, Elliott Enterprises LLC, dba Y-Kiki Divers, 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

*Liability Release and Assumption of Risk Agreement continued*

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 that I have the authority to do so and that my heirs, assigns and 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 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.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Parent/Guardian Signature (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)

# DIVING4DIVERSITY



## Discover Scuba Diving Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ DAY

<input type="radio"/> Jan.	<input type="radio"/> Apr	<input type="radio"/> Jul	<input type="radio"/> Oct
<input type="radio"/> Feb.	<input type="radio"/> May	<input type="radio"/> Aug	<input type="radio"/> Nov
<input type="radio"/> Mar	<input type="radio"/> June	<input type="radio"/> Sep	<input type="radio"/> Dec

\_\_\_\_\_ YEAR

Male / Female

Email (required): \_\_\_\_\_

Participant Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who should we thank for the referral? \_\_\_\_\_