



Texas Scuba Adventures
2315 Mechanic Street, Galveston



Office use only: PD GEAR BKS PWRK RESCHED Reg# BC size & #

Registration and General SCUBA Course Agreement

Student Profile:

Name: _____ Nick Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home phone: _____

Work: _____ Cell: _____ Birth Date: _____

Email Address: _____

Any prior Diving Instruction/Experience? _____ When: _____ Certification #, Agency and Level: _____

SCUBA Course Agreement		Check
Junior Divers:	All minors must be accompanied by an adult during all classes.	<input type="checkbox"/>
Tuition:	Tuition for Open Water Diver covers two-scheduled pool, and two-scheduled open water sessions only. Format will vary per course. Must complete course within six months of agreement.	<input type="checkbox"/>
Requirements:	<ul style="list-style-type: none"> Complete the registration documents, including liability waiver, and the Diver Medical Questionnaire, and turn in at Texas Scuba Adventures' store location in person or via email. Attend and complete all scheduled (2) pool sessions, (2) lake sessions, self paced digital training and pass the final exam. All students must complete a 200 yard swim, a 25 yard swim on one breath and a 10 minute float/tread prior to the end of the course. SCUBA is a "Performance Based" activity. If you are unable to meet the requirements during the scheduled sessions, additional training may be arranged. A fee may be assessed for the additional training. This fee will vary based on the need for private versus scheduled training. Read and be familiar with the policies pertaining to all classes located on the Texas Scuba Adventures website. 	<input type="checkbox"/>
Learning Materials:	Each student will need to complete the self-paced NAUI Online Digital Education Material prior to the chosen class start date.	<input type="checkbox"/>
Equipment:	Each student needs to purchase all personal equipment: SCUBA grade mask, snorkel, SCUBA fins, boots. Continued Ed, may require additional gear. If bringing outside equipment, it must be approved by Texas Scuba Adventures staff.	<input type="checkbox"/>
Open Water:	<ul style="list-style-type: none"> Student will be responsible for all equipment used during class. Student is responsible for the replacement cost of any lost or damaged equipment. Damages must be paid prior to certification being issued. Student is responsible for own transportation and any fees incurred by student; such as private lake entry fees. Student will not return the tanks with less than 500 psi; if so, a visual inspection fee of \$25 per tax will be incurred per incident. Texas Scuba Adventures will provide wetsuits for OW from October-April. Students will have the option of renting a wetsuit if one is requested from May-September. 	<input type="checkbox"/>
Refunds and Rescheduling:	<p>There are no refunds on classes. Schedule changes are as follows: No fee due with 15+ days of notice, \$100.00 with 8-14 days notice, \$150.00 with 7 days or less notice</p> <p>Course changes, initiated by the student, are as follows: Private classes will vary by rate</p> <p>No class reservations allowed unless class has been fully paid for.</p>	<input type="checkbox"/>
Digital Footprint:	Depending on team availability, we will take pictures during classes. We use these pictures for our website and social media. By checking this box, you are agreeing to Texas Scuba Adventures' use of any digital photography.	<input type="checkbox"/>

Class Program Selected: _____

Start Date: _____

I have read, understand and agree to abide by the SCUBA COURSE AGREEMENT above.

Signature: _____

Student

/ _____

Parent or Guardian (if under 18)

Date: _____



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 - Please read the form entirely. If you have answered "yes" to specific questions you will need a physician signature on page 3.

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, blood, or have been diagnosed with COVID-19.	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go to Box B	No <input type="checkbox"/>
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 <input type="checkbox"/> *	No <input type="checkbox"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to Box C	No <input type="checkbox"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to Box D	No <input type="checkbox"/>
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 <input type="checkbox"/> Go to Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

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)
_____	_____
Instructor Name (Print)	Texas Scuba Adventures 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.

Participant Name _____

(Print)

Birthdate _____

Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued**Box A – I have/have had:**

Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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 <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A diagnosis of COVID-19.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

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

I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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 <input type="checkbox"/> *	No <input type="checkbox"/>

Box C – I have/have had:

Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box D – I have/have had:

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

Box E – I have/have had:

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

Box F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either insulin- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box G – I have had:

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

Diver Medical | Physician's Evaluation Form

Participant Name _____ Birthdate _____
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

- Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital _____

Address _____

Phone _____ Email _____

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego



EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with snorkeling, skin and/or scuba diving, and instruction related thereto ("Diving Activities").

I understand that these risks can lead to severe injury and even loss of life.

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 understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during Diving Activities, and that if I am injured as a result of heart attack, stroke, panic, hyperventilation, drowning or any other cause, that I expressly ASSUME THE RISK of said injuries and that I will not seek to hold any other party responsible for the same.

I understand that Diving Activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and competent medical assistance. Despite this, I choose to proceed with these Diving Activities even in the absence of a recompression chamber and competent medical assistance.

I understand that there are hazards and risks associated with travel to and from dive sites ("Dive Travel"), including, but not limited to the possible injury or loss of life as a result of a boating accident

Regardless of the potential hazards and risks associated with Diving Activities and Dive Travel, I wish to proceed and I HEREBY PERSONALLY ASSUME ALL HAZARDS AND RISKS, including possible personal injury, loss of life and/or property damage, arising out of or in connection with Diving Activities and/or Dive Travel, whether foreseen or unforeseen, that may befall me while I am a participate in these activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Diving Activities, Dive Travel, and use the facilities and equipment of the parties listed below, I understand and agree that neither my:

Instructor(s): Craig Shannon , Kristen Maples, Jacque Emmert, Jake Emmert, Anna Jefferson, Amanda Weiler, Noah Clafin, Donovan French, Jacob Manuel, Monica Hew

The facility through which I receive my instruction: Texas Scuba Adventures, Tri-Tex Scuba, Texas Scuba Adventures Galveston LLC

Others: Williams Indoor Pool, Lake Longhorn, 288 Lake , Blue Lagoon, Tideway Aquatic Facility, Mammoth Lake, Lasker Community Pool

nor the National Association of Underwater Instructors, Inc., nor their affiliate and subsidiary organizations, nor any of their respective employees, officers, directors, representatives, agents, contractors, volunteers, or assigns (hereinafter collectively referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me or my property that may occur as a result of my participation in Diving Activities or Dive Travel, or as a result of the negligence of any party, including the Released Parties, whether passive or active, foreseen or unforeseen.

I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I, MY ESTATE, HEIRS, EXECUTORS OR ASSIGNS MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR LOSS OF LIFE BASED UPON NEGLIGENCE, ACTIVE OR PASSIVE WITH THE EXCEPTION OF GROSS NEGLIGENCE, FORESEEN OR UNFORESEEN, WHICH ARISE FROM DIVING ACTIVITIES OR DIVE TRAVEL.

By executing this Agreement, I agree to hold the Released Parties harmless from and against all claims or causes of action for any personal injury, property damage, or loss of life which may occur during Diving Activities or and/or Dive Travel.

I hereby declare that I am of legal age and am competent to sign this Agreement, or if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

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. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Released Parties other than what is set forth in this Agreement.

I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that part shall be stricken from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable or invalid part 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 on my behalf or as a result of 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 READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent or Guardian _____ Date _____

Witness (Name) _____ Signature _____



GALVESTON COMMUNITY POOL AT LASKER PARK WAIVER

_____	_____	_____	_____
Last Name	First Name	Gender	Date of Birth
_____		_____	
Street Address		City, State & Zip	
_____	_____	_____	
Home Phone	Emergency Contact	Emergency Contact Phone	

Please fill section below for youth under 18 years of age

Child 1:

Youths Name _____ DOB: _____ Gender: M / F

Child 2:

Youths Name _____ DOB: _____ Gender: M / F

Child 3:

Youths Name _____ DOB: _____ Gender: M / F

Child 4:

Youths Name _____ DOB: _____ Gender: M / F

Child 4:

Youths Name _____ DOB: _____ Gender: M / F

I agree to abide by the posted pool rules and understand that failure to do so may result in suspension from the pool. I also have been given a copy of those rules. I understand that it is my responsibility as the parent/guardian listed above to make sure that all rules are also followed by the listed children. I assume all risk and hazards associated with any and all activities in conjunction with the City of Galveston Parks and Recreation Department. I further do release, absolve, and hold harmless the City of Galveston and any and all Parks and Recreation Department staff and volunteers, in case of accident of injury.

_____	_____
Signature	Date

OFFICE USE ONLY

RESIDENCY VERIFIED: YES / NO

Government issued ID or proof of residency document are ONLY documents accepted. Failure to provide ID or documentation will result in NON RESIDENT pricing.

OFFICE STAFF INITIALS: _____



Texas Scuba Adventures
2315 Mechanic Street, Galveston



CREDIT CARD AUTHORIZATION FORM FOR DAMAGES/LOST EQUIPMENT

(Please print legibly to ensure timely processing. Required field with **)

****Cardholder's Name:** _____

Master Card **VISA** **American Express** **Bank Debit Card**

****Card Number:** _____ - _____ - _____ - _____ ****Expiration Date:** _____

****Security Code:** _____

(VISA & MC: last three digits printed on the signature panel)

(AMEX: printed above the card #)

Billing Address (Where you receive your credit card statement):

****Street:** _____

City: _____ **State:** _____ ****Zip Code:** _____

Authorization: I authorize Texas Scuba Adventures to charge my card for class registration(s)/order(s)/invoice(s)/damaged equipment/lost equipment. I agree to pay the credit card charge(s) in accordance with the Card Issuer Agreement. I understand that I am still responsible for damaged/lost equipment if the card is declined or if there is difficulty during processing. Note: The signer of this statement MUST be the named cardholder.

****Signature:** _____ ****Date:** _____

To complete the processing of your class registration/order, send this form along with your class registration form/order to the address listed above OR email to to dive@texasscubaadventures.com