



lifewaters:

adaptive diver and dive trip registration

☐ New diver or snorkeler ☐ Volunteer: ☐ dive buddy

☐ Other: _____ ☐ Trip application: ☐ Georgia

aquarium ☐ Other: _____

How were you referred to Lifewaters? _____

are you a certified diver? ☐ Yes ☐ no If yes, certification number: _____ what is your highest diver certification level? _____ If yes, which

agency? ☐ sdi ☐ padi ☐ ssi ☐ Naui ☐ NASDS ☐ FMAS ☐ CMAS ☐ Other: _____ Dive experience:

☐ New diver ☐ <25 dives ☐ <50 dives ☐ <100 dives ☐ >100 dives ☐ total number of dives: _____

Personal Information:

Name: _____ DOB: _____ age _____

Address: _____ city: _____

State: _____ zip: _____

primary phone: _____ ☐ Cell ☐ Home ☐ work

secondary phone: ☐ ☐ Cell ☐ Home ☐ work email address: _____

have you ever been in the service? ☐ yes ☐ no

If so, which branch: ☐ air force ☐ army ☐ marines ☐ Navy ☐ National guard

☐ other: _____ rank: _____

Service status: ☐ active ☐ Med Board ☐ discharged/retired

Gender: ☐ Male ☐ female height: _____ weight: _____

Shirt size: ☐ small ☐ medium ☐ large ☐ x-Large ☐ xx-Large

Have you participated in trips for injured military? ☐ yes ☐ no If yes, how many? _____

What organization(s) sponsored the trip? _____

Do you have a passport? ☐ yes ☐ no

Do you consider yourself able to travel? ☐ independently ☐ with assistance

Do you consider yourself financially able to participate in a dive trip at least once a year? Within the USA? ☐ yes ☐ no Outside of the country? ☐ yes ☐ no

Emergency contact information:

Emergency contact's name: _____ phone: _____

Relationship: _____ will they be traveling with you? ☐ yes ☐ no

Your primary physician's name: _____ phone: _____

Medical insurance provider: _____

Medical History

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Low blood pressure	<input type="checkbox"/> Autonomic dysreflexia	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Lung disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> diabetes	<input type="checkbox"/> liver problems

<input type="checkbox"/> seizures	<input type="checkbox"/> other: _____	<input type="checkbox"/> allergies:	
Injury/disability:	<input type="checkbox"/> tbi	<input type="checkbox"/> spinal cord injury	<input type="checkbox"/> burns
<input type="checkbox"/> amputation	<input type="checkbox"/> disfigurement	<input type="checkbox"/> visual impairments: list: _____	<input type="checkbox"/> other: _____
date of Injury: _____	<input type="checkbox"/> Location (country) of Injury: _____	Recent revisions/surgeries:	Please describe the nature of your injury and how it affects you:
Medications: name, dose, frequency			
Medications cont.			
Assistive device(s):	Prosthetic use: __yes __no Which activities:	Service animal: Breed: _____ Name: _____	Dietary restrictions: describe:
Are there any reasons to limit your participation in physical activity? __yes __no Describe if yes:	Do you have any skin breaks/open wounds at this time? __yes __no History of sores? __yes __no If yes, where?	What else would you like us to know?	

Release and indemnity

I hereby release and discharge LifeWaters, and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in a LifeWaters activity, including any personal injury or death or loss or damage to property, which the Participant may suffer or incur as a result of participating in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants, or administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury or damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age. I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and LifeWaters.

Audio/visual consent

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the persons who are hereby applying for membership and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of LifeWaters, and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to LifeWaters the right, title and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by LifeWaters, and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same.

Consent for Emergency treatment

In the event that a Participant should sustain any injuries while participating in a LifeWaters activity or while on the premises of LifeWaters, the Participant may be examined and treated by health care personnel, including examination and treatment at medical facilities. I voluntarily consent to such examination and treatment for the Participant, and I release and forever discharge LifeWaters, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment.

☐ _____ I agree to the above Assumption of Risk, Photo Consent and Release and Authorization of Medical Treatment.
Your Initials

Signature/Printed Name

Date

Witness Signature/Printed Name

Date

Thank you for your interest in LifeWaters.

After completing this form in its entirety, please email it to jcampbell@lifewaters.org or mail to 515 S Miller St., Lakewood, CO 80226 Upon receipt you will receive a call to review the information you provided to ensure you meet LifeWaters Membership qualifications.

To learn more please visit www.lifewaters.org