



Acknowledgment of Safe Diving Practices and Release After Training

FIRST NAME	MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS OR PO BOX (LINE 1)			ADDRESS (LINE 2)	
CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY	
INSTRUCTOR(S)			DIVE OPERATOR	

By this statement you acknowledge your understanding of established safe diving practices intended to increase your safety. You must sign this acknowledgment as proof you are aware of these practices. Read and understand the statement prior to signing it. If you are under the age of 18, this form must also be signed by a parent or guardian.

I, the undersigned, understand the following:

The Six Rules

- 1 *Breathe continuously while on scuba:* Do not skip breathe or hold your breath. Do not hyperventilate when breath-hold diving. Avoid overexertion while in and under water.
- 2 *Equalize early and often while descending:* Never go deeper than you can comfortably equalize.
- 3 *Ascend slowly:* Stay well within your dive computer's ascent rate and under no circumstances come up faster than 10 m/30 ft per minute. Always spend the last three to five minutes of every dive between 3-6 m/10-20 ft.
- 4 *Continuously monitor depth, time and pressure:* Stay well within your planned limits for each. Establish a Minimum Gas Reserve (MGR — the point at which you must begin ascending) and stay well within the remaining Usable Gas.
- 5 *Do not overweight yourself:* Always use the least weight possible. Check your buoyancy at the end of every dive by ensuring you can hover, motionless, at safety-stop depth with no air in your BC. Always establish positive buoyancy upon reaching the surface by at least partially inflating your BC.
- 6 *Dive like a fish (and not like an ape):* Strive to maintain a near-horizontal body position under water while swimming and resting. Avoid standing, kneeling or sitting on the bottom.

Additionally:

- Maintain good mental and physical fitness for diving. Do not dive when under the influence of alcohol or drugs.
- Stay within the limits of your training and experience. Maintain proficiency through continuing education or simply diving actively. Seek refresher training after periods of inactivity.
- Use complete, safe and familiar equipment. Have all equipment inspected and serviced according to manufacturer recommendations. Inspect equipment for correct fit and function prior to each dive.
- When appropriate, use a boat, float or other surface support.
- Obtain an orientation to unfamiliar dive sites.
- Listen carefully to briefings. Follow the instructions of dive supervisors.
- Monitor dive conditions. If they deteriorate, postpone diving or select an alternate site.

- Plan and make dives as a team. Go over communications, procedures for reuniting in case of separation and emergency procedures.
- Obey all local diving laws and regulations, including fish-and-game and dive-flag laws.

Student Statement

- I realize there are certain inherent hazards in diving including, but not limited to, drowning, decompression illness and lung expansion injuries, including air embolism. I understand there are other hazards I have been made aware of from my training. I further understand a recompression chamber and medical assistance may not always be available at all locations I choose to dive in the future. I further understand that correct use of any dive table or dive computer does not eliminate the risk of decompression illness (DCI). I further understand that alcohol and drug use while diving can result in death.
- I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is required for specialty diving activities, in other geographic areas, and after periods of inactivity that exceed six months. I know that I must abide by Safe Diving Practices as outlined here, and that failure to do so may result in serious injury or death. I understand that my personal safety is my responsibility and not that of anyone else. At no time will I dive with questionable equipment or conduct any dive without complete equipment.
- My scuba certification cards reflect that I have received training in the use of scuba. Should I neglect to maintain these skills, I know that I must receive refresher training from a certified instructor to bring my skills to a level where I am prepared for safe diving. I will exercise reasonable care in my diving and in the selection, use, and maintenance of my equipment. In consideration of NASE Worldwide certification, I confirm that I have received training to the level indicated upon my certification card.
- I understand and agree that none of the named individuals, corporations, or businesses listed above may be held liable in any way for any occurrence in connection with my future diving which may result in damage to me, my family, heirs or assigns. I agree to save and hold harmless said above and below named parties from any claim by me, my family, estate, heirs and assigns arising out of my participation in scuba or skin diving. I have read and by way of my signature below confirm that I understand this affirmation and release. I further state that I am of lawful age and legally competent to sign this affirmation and release.

Participant Signature

Date

Parent/Guardian Signature

Date

If the participant is under the age of 18, then the parent or guardian must sign this contract and agree to be legally bound by it and furthermore be legally responsible for the minor participant, including being responsible for all damage, injury or death which may occur as a result of the minor's participation in diving activities. The parent or guardian's hereby agrees to be fully responsible to the released parties for any damage, injury or death caused by the minor, including actions brought by the minor, for any damages whatsoever.



Medical Statement

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. Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are under the age of 18, 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 very safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circula-

tory 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 and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization of air spaces 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 statement or the Medical History section, review them with your instructor before signing.

Medical History

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 before continuing.

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 apply to you, you must consult with a physician prior to participating in scuba diving activities.

Take this form, along with the *Guidelines for Recreational Scuba Diver's Physical Examination* to your physician.

Yes No

- ☐ Could you be pregnant or are you attempting to become pregnant?
- ☐ Do you regularly take prescription or nonprescription medications (With the exception of birth control)?

Are you over 45 years of age *and* have one or more of the following:

Yes No

- ☐ Currently smoke a pipe, cigars, or cigarettes?
- ☐ Have a high cholesterol level?
- ☐ Have a family history of heart attacks or strokes?

Do you have:

Yes No

- ☐ History of diving accidents or decompression sickness?
- ☐ Asthma, or wheezing with breathing, or wheezing with exercise?
- ☐ Frequent colds, sinusitis or bronchitis?

Yes No

- ☐ Angina or a history of heart attacks?
- ☐ History of chest surgery?
- ☐ Claustrophobia or agoraphobia (fear of closed or open spaces)?
- ☐ History of problems of equalizing or "popping" ears with airplane or mountain travel?
- ☐ Behavioral health problems?
- ☐ Epilepsy, seizures, convulsions or take medications to prevent them?
- ☐ Recurring migraine headaches or take medications to prevent them?
- ☐ History of blackouts or fainting (full/partial loss of consciousness)? History of recurrent back problems?
- ☐ History of back surgery?
- ☐ History of diabetes?
- ☐ History of back, arm, or leg problems following surgery, injury or fracture?

Yes No

- ☐ Inability to perform moderate exercise (walk one mile within 10 minutes)?
- ☐ Do you frequently suffer from motion sickness (seasick, carsick, etc.)?
- ☐ History of high blood pressure or take medicine to control blood pressure?
- ☐ Pneumothorax (collapsed lung)?
- ☐ History of ear disease, hearing loss or problems with balance?
- ☐ Any form of lung disease or injury?
- ☐ History of ear or sinus surgery?
- ☐ History of bleeding or other blood disorder?
- ☐ History of any type of hernia?
- ☐ History of ulcers surgery?
- ☐ History of colostomy?
- ☐ History of drug or alcohol abuse?

"The information I have provided about my (or my child's) medical history is accurate to the best of my knowledge."

Student Contact Information

FIRST NAME		MIDDLE INITIAL	LAST NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS OR PO BOX (LINE 1)				ADDRESS (LINE 2)		
CITY		STATE/DISTRICT/PROVINCE		ZIP/POSTAL CODE	COUNTRY	
MOBILE PHONE NUMBER				HOME PHONE NUMBER		

Physician Approval (Required if student answers Yes to any question above)

This person is applying for training or is presently certified to engage in scuba diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference. Please check one of the following two boxes:

- ☐ I find no medical conditions that I consider incompatible with diving.
- ☐ I am unable to recommend this individual for diving.

Physician Signature

Date

PHYSICIAN CONTACT INFO



Liability Release and Assumption of Risk

Released Parties

INSTRUCTOR NAME(S)	DIVE CENTER/DIVE RESORT/BOAT NAME
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I, the undersigned, hereby affirm that I have been advised and informed of the inherent hazards of scuba and skin diving. By my signature below I acknowledge having read and hereby agree to the following liability release and assumption of risk.

As consideration for being allowed to enroll in diver training activities, I assume all risks, whether foreseen or unforeseen, in connection with those activities, for any harm, injury or damage to me while I am enrolled.

I acknowledge that certain hazards inherent to scuba diving may expose me to risk of serious accident or injury. I acknowledge that scuba diving and skin diving cause physical strain or exertion only experienced in diving. I assume all risk for, and will not hold the Released Parties (as defined below) responsible for, any injuries, including injuries due to heart attack, panic, hyperventilation or other injuries caused by physical strain and exertion or accidental injury.

I understand that there is a risk of decompression illness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that the diving trips, which are necessary for training and for certification, may be conducted at dive sites that are remote in time, distance, or both, from such a recompression chamber. Despite the possible lack of a recompression chamber near the dive site, I still choose to proceed with such instructional dives.

This Liability Release and Assumption of Risk ("Release") applies to all diving activities in which I choose to participate as a part of a NASE Worldwide diver training course. These diving activities and instruction may include, but are not limited to, navigation, night, deep, altitude, boat, drift, drysuit, wreck, multilevel, search and recovery, naturalist, and photography dives. This Release applies to all instructors, certified assistants, divemasters, employees, agents and assigns of the above named parties, through which such training activities, as identified above, are conducted, and the training agency NASE Worldwide.

I understand and agree that neither my instructor(s), assistant instructors, dive masters, the facility and/or the named party through which I receive my instruction as named above; nor NASE Worldwide, nor any of their respective employees, officers, agents or assigns, ("Released Parties") may be held liable or responsible in any way for any injury, death, other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities or as a

result of the negligence of any party, including the Released Parties.

I further release the Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in these activities including both claims arising during the activities or after I receive my certifications. I am of lawful age and legally competent to sign this Release, or I have the written consent of my parent or guardian. I hereby agree that this Release will be effective and valid for all diving activities as defined above and is a valid and legally binding obligation.

By signing this document I represent that I have read, understand and agree to be legally bound by all of the provisions of this contract.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF _____ USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY. BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED, BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM _____ IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. RIGHT TO REFUSE TO SIGN THIS FORM, AND _____ HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Participant Signature	Date	Parent/Guardian Signature	Date
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If the participant is under the age of 18, then the parent or guardian must sign this contract and agree to be legally bound by it and furthermore be legally responsible for the minor participant, including being responsible for all damage, injury or death which may occur as a result of the minor's participation in diving activities. The parent or guardian's hereby agrees to be fully responsibility to the released parties for any damage, injury or death caused by the minor, including actions brought by the minor, for any damages whatsoever.

Student Contact Information

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BUSINESS PHONE NUMBER		E-MAIL ADDRESS		

Master

SEADADDYS STUDENT INFORMATIONAL DIVER FORM

NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

Why do you want to become a Scuba Diver? _____

What type of diving are you interested in example reef diving, spearfishing, wreck diving? _____

How frequently do you plan to dive? _____

How easily do you get uncomfortably cold? Never seldom always

When do you plan to dive? Warmer months or Cooler months

How often do you plan to dive outside the state of Florida? Never Seldom Almost Always

When you plan a dive trip, do you plan to drive to the location? Always Most Likely Almost Never

Will you fly to the dive location? Always Most Likely Almost Never

Do you have a dive buddy? Yes or No

Would you like to join our dive club and receive Information on events, dive trips, discounts, newsletters and upcoming events? Yes or no

Do you have any interest in furthering your diving education/dive training? Yes or No

If yes what type level are you interested in attending?

Advanced Nitrox Rescue Master Diver or Becoming a Career Diver

Do you own any up to date diving equipment? If yes which items do you own? _____

Do you have any concerns with the training program that you are signed up for? _____

Do you have any questions for your instructor? _____

Office Notes

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR SNORKELING TOURS

YOU MUST BE 18 YEARS OR OLDER TO FILL OUT THIS FORM, PLEASE READ CAREFULLY

I _____ HEREBY AFFIRM THAT I HAVE/WILL BE ADVISED AND THOROUGHLY INFORMED OF THE INHERENT HAZARDS OF SNORKELING ACTIVITIES.

_____ FURTHER I UNDERSTAND THAT SNORKELING INVOLVES RISKS INCLUDING MARINE LIFE, INJURIES, DROWNING, SLIPPING AND OR FALLING ON EITHER A VESSEL OR ENTRY POINT OF VESSEL, POSSIBLE HAZARDS FROM OTHER WATERCRAFT OR VESSELS IN OR ABOUT THE AREA YOU SHALL BE IN OR ON THE WATER, OTHER TRAUMA MAY INCLUDE EAR OR MASK SQUEEZES. SUCH INJURIES CAN OCCUR THAT MAY REQUIRE MEDICAL TREATMENT. I UNDERSTAND THAT SNORKELING ACTIVITIES IN SPITE OF THE ABSENCE OF A MEDICAL FACILITY IN PROXIMITY TO THE SNORKELING AREA YOU MAY BE IN.

_____ I UNDERSTAND AND AGREE THAT NEITHER THE CAPTAIN/CREW NOR STAFF OF SEADADDYS ADVENTURES SHALL BE HELD LIABLE OR RESPONSIBLE IN ANY WAY FOR ANY INJURY, DEATH OF YOU, YOUR FAMILY AND FRIENDS NOR HEIRS THAT MAY RESULT FROM SNORKELING PARTICIPATION OR ACTIVITY AS A RESULT IN NEGLIGENCE OF ANY PARTY, INCLUDING THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

_____ IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THIS ACTIVITY I ASSUME ALL RISKS THAT MAY BEFALL MYSELF, FAMILY OR FRIENDS WHILE PARTICIPATING FORSEEN OR UNFORESEEN. I UNDERSTAND THAT MANATEES ARE WILD FREE ROAMING ANIMALS THERE IS NO GUARANTEE I WILL SEE, TOUCH OR OTHERWISE INTERACT WITH MANATEES, NO REFUNDS WILL BE GIVEN ISSUED OR IMPLIED.

_____ I AGREE TO SAVE, DEFEND, INDEMNIFY, AND HOLD HARMLESS SEADADDYS ADVENTURES AND STAFF FROM ANY CLAIM OR LAWSUIT FROM MYSELF, OR OTHERS ON MY BEHALF, DIRECTLY NOR INDIRECTLY, INCLUDING GROUNDLESS, FALSE OR FRAUDULENT.

_____ I ALSO UNDERSTAND THAT SNORKELING ACTIVITIES ARE PHYSICALLY STRENUOUS, THAT I WILL BE EXERTING MYSELF DURING THIS ACTIVITY. I EXPRESSLY ASSUME THE RISK OF ANY INJURYS THAT SHALL RESULT.

_____ I AM RESPONSIBLE FOR ALL GEAR SUPPLIED TO MYSELF AND MINORS LISTED AT THE BOTTOM OF THIS RELEASE FOR THE RETURN OF SUCH ITEMS IN PROPER WORKING ORDER. IF ITEMS ARE NOT RETURNED I AM FINANCIALLY RESPONSIBLE FOR SAID ITEMS ISSUED TO OUR PARTY. I AGREE TO PAYMENT TO BE PAID IN FULL UPON RETURN FROM ACTIVITY.

_____ I FURTHER STATE THAT I AM OF LAWFUL AGE, AND COMPETENT TO SIGN THIS LIABILITY RELEASE.

_____ I UNDERSTAND THAT THE TERMS HERE ARE CONTRACTUAL AND NOT A MERE RECITAL THAT I HAVE SIGNED THIS DOCUMENT OF MY OWN FREE ACT. FURTHER THAT I UNDERSTAND AND AGREE IN THE EVENT THAT ONE OR MORE OF THE PROVISIONS OF THIS AGREEMENT, FOR ANY REASON IS HELD BY A COURT OR COMPETENT JURISDICTION TO BE INVALID OR ENFORCEABLE IN ANY RESPECT, SUCH AS INVALIDITY, ILLEGALITIES OR UNFORESEEN ABILITY SHALL NOT AFFECT ANY OTHER PROVISION HERE OF, IN THIS AGREEMENT SHALL BE CONSTRUCTED AS IF INVALID, ILLEGAL OR UNFORESEEABLE PRECISION OR PROVISIONS HAD NEVER BEEN CONTAINED HEREIN.

_____ I FURTHER HAVE GIVEN MY CONSENT TO ALLOW THE MINORS LISTED BELOW CLAIMING FULL RESPONSIBILITY FOR THEIR ACTIONS, CLAIMING THAT I HAVE THE LEGAL RIGHT TO GIVE SAID CONSENT AND RELEASE SEADADDYS AND STAFF FROM LIABILITY AS PER ABOVE MENTIONED RISKS.

IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT, RELEASE MY ASSIGNED CREW INCLUDING SEADADDYS ADVENTURES AND ANY AND ALL ENTITIES NOW RELEASED AS DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY FOR ANY AND DAMAGES OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF DIRECTLY OR INDIRECTLY, INCLUDING BUT NOT LIMITED TO, NEGLIGENCE OF THE SEADADDYS ADVENTURES AND OR STAFF. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE. I HAVE READ THIS DOCUMENT PRIOR TO SIGNING IT ON BEHALF OF MYSELF ANY MY HEIRS.

CONSENTING ADULT SIGNATURE	DATE	MINORS PARENT SIGNATURE	DATE
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1 _____ 2 _____

3 _____ 4 _____

PHOTO RELEASE FORM

master
copy

I _____ give SeaDaddys "your adventure n diving" my permission to use my or my child's photograph or video publically to promote SeaDaddys. I understand that the images may be used in print publications, online publications, presentations, websites, social media and commercial. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such.

Parent/Gaurdian's signature:

_____ Date _____

Parent/Gaurdian's Name:

Group Member Name : _____

Group Member Name : _____

Group Member Name : _____

Group Member Name : _____

Group Member Name : _____

Group Member Name : _____

Group Member Name : _____

Group Member Name : _____

Phone Number: _____