

SCUBA PARTY MEDICAL STATEMENT
PLEASE PRINT CLEARLY

NAME _____ BIRTH DATE/AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ EMAIL _____

MEDICAL QUESTIONNAIRE - TO THE PARTICIPANT:

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS.

IF YOU ANSWER YES TO ANY QUESTION, WE MUST REQUEST THAT YOU CONSULT A PHYSICIAN PRIOR TO PARTICIPATING IN THIS SCUBA PARTY.

- YES NO I AM CURRENTLY SUFFERING FROM A COLD OR CONGESTION
- YES NO I HAVE A HISTORY OF RESPIRATORY PROBLEMS
- YES NO I HAVE ASTHMA, EMPHYSEMA OR TUBERCULOSIS
- YES NO I CURRENTLY HAVE AN EAR INFECTION
- YES NO I HAVE RECURRENT EAR PROBLEMS, EAR DISEASE, OR SURGERY
- YES NO I HAVE A HISTORY OF SINUS PROBLEMS
- YES NO I HAVE HAD PROBLEMS EQUALIZING MY EARS WITH AIRPLANE OR MOUNTAIN TRAVEL
- YES NO I AM DIABETIC
- YES NO I HAVE A HISTORY OF HEART CONDITION (ANGINA, HEART ATTACK, CARDIOVASCULAR DISEASE)
- YES NO I HAVE A HISTORY OF SEIZURES, DIZZINESS OR FAINTING
- YES NO I HAVE A NERVOUS SYSTEM DISORDER
- YES NO I HAVE RECURRENT BACK PROBLEMS, HISTORY OF BACK OR SPINAL SURGERY
- YES NO I AM CURRENTLY TAKING MEDICATION THAT CARRIES A WARNING ABOUT ANY
IMPAIRMENT OF MY PHYSICAL OR MENTAL ABILITIES.
- YES NO I RECENTLY HAD AN OPERATION OR ILLNESS
- YES NO I HAVE BEHAVIORAL HEALTH, MENTAL OR PSYCHOLOGICAL DISORDERS
(PANIC ATTACK, FEAR OF CLOSED OR OPEN SPACES)

SCUBA EXPERIENCE ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING.

I, _____, PARENT/GUARDIAN OF _____, PARTICIPANT, HEREBY AFFIRM THAT I AM AWARE OF AND UNDERSTAND THERE ARE INHERENT HAZARDS ASSOCIATED WITH SCUBA DIVING. I UNDERSTAND THERE ARE CERTAIN RISKS ASSOCIATED WITH AQUATIC ACTIVITIES CONDUCTED IN AND AROUND A SWIMMING POOL AND I EXPRESSLY ASSUME THE RISK OF SAID INJURIES.

I UNDERSTAND AND AGREE THAT NEITHER THE POOL SUPERVISORS CONDUCTING THIS ACTIVITY, NOR THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, SEAVENTURES, INC., DBA SEAVENTURES AQUATIC CENTER, NOT 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, OUR HEIRS OR ASSIGNS THAT MAY OCCUR AS A RESULT OF PARTICIPATION IN THIS ACTIVITY OR AS A RESULT OF THE NEGLIGENCE OF ANY PARTY, INCLUDING THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I FURTHER UNDERSTAND THAT SCUBA DIVING IS A PHYSICALLY STRENUOUS ACTIVITY AND THAT I WILL BE EXERTING MYSELF DURING THIS ACTIVITY AND THAT IF I AM INJURED AS A RESULT OF A HEART ATTACK, PANIC, HYPERVENTILATION, ETC. THAT I EXPRESSLY ASSUME THE RISK OF SAID INJURIES TO MYSELF. I AFFIRM THAT I WILL NOT HOLD THE ABOVE LISTED INDIVIDUALS OR COMPANIES RESPONSIBLE FOR THE SAME.

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN THIS ACTIVITY I HEREBY PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THE ACTIVITY FOR ANY HARM, INJURY OR DAMAGE THAT MAY BEFALL ME WHILE PARTICIPATING IN THE ACTIVITY, INCLUDING ALL RISKS CONNECTED THEREWITH, WHETHER FORESEEN OR UNFORESEEN.

I FURTHER RELEASE AND HOLD HARMLESS SAID ACTIVITY AND THE RELEASED PARTIES FROM ANY CLAIM OR LAWSUIT BY ME, OR MY FAMILY, OR OUR ESTATE, HEIRS OR ASSIGNS, ARISING OUT OF MY PARTICIPATION IN THIS ACTIVITY.

I UNDERSTAND AND AGREE THIS RELEASE IS DIVISIBLE, AND ANY PORTION HEREIN HELD TO BE IN VIOLATION OF ANY APPLICABLE STATUTES OR REGULATIONS OR ANY GOVERNMENTAL AGENCY HAVING JURISDICTION SHALL AFFECT ONLY THAT PORTION HELD TO BE INVALID OR INOPERATIVE, AND THE REMAINING PORTIONS OF THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT.

I FURTHER STATE THAT I AM OF LAWFUL AGE AND LEGALLY COMPETENT TO SIGN THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT, AND IF THE PARENT AM PROVIDING WRITTEN CONSENT FOR THE PARTICIPATION OF MY CHILD

I UNDERSTAND THAT THE TERMS HEREIN ARE CONTRACTUAL AND NOT A MERE RECITAL AND THAT WE HAVE SIGNED THIS RELEASE OF OUR OWN FREE ACT.

I, _____, PARENT/GUARDIAN OF _____, PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE POOL SUPERVISORS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS IS CONDUCTED, SEAVENTURES, INC., DBA SEAVENTURES AQUATIC CENTER, AND ALL RELATED ENTITIES 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.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN)

DATE