Do Not Complete This Section Yet

Your Instructor Will Review This Information With You at Your Discover Scuba Experience!

Discover Scuba Diving Knowledge and Safety Review

To continue with your Discover Scuba Diving experience, you must complete this review under the direction of your IAHD-Americas' Professional before getting in the water.

- 1. Upon completing this experience, I will be qualified to dive independently without a certified professional guiding me.
- 2. To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.
- 3. I should equalize every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should continue downward.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should add air to my buoyancy control device (BCD) to float at the surface.
- 7. The "caution zone" on my air gauge indicates that I have plenty of air in my tank and that I may continue diving.
- 8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.
- 9. I should stay close to the IAHD-Americas' Professional during my Discover Scuba Diving experience and signal if something is wrong.

Check the appropriate box in response to questions above.

	True	False		True	False	
1.			6.			
2.			7.			
3.			8.			
4.			9.			
5.						
Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.						
Participant Signature Date						
Flying After Diving Recommendations						

- 1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested.
- 2) For repetitive dives and/or multi-day dives within the no decompression limits, a minimum pre-flight surface interval of 18 hours is suggested.
- 3) For dives requiring decompression stops, a minimum pre-flight surface interval greater than 18 hours is suggested.

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DISCOVER SCUBA DIVING

PARTICIPANT REGISTRATION FORM

DISCOVER SCUBA DIVING PARTICIPANT STATEMENT

Read the following paragraphs carefully. This statement, which includes a Medical Questionnaire, the Discover Scuba Diving Safe Diving Practices and a Liability Release and Assumption of Risk Agreement, informs you of some potential risks involved in scuba diving and of the conduct required of you during the IAHD-Americas Discover Scuba Diving program. Your signature is required to participate in the program. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire, the Discover Scuba Diving Safe Diving Practices and the Liability Release and Assumption of Risk Agreement) signed by your parent or guardian. You will also need to learn from the instructor the most important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, 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 this 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 instructor will supply you with a Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

Please print YES or NO on each line

 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 fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

Discover Scuba Diving Safe Diving Practices

These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving.

- I understand that upon completing the Discover Scuba Diving Program, I will not be qualified to dive independently without a certified professional guiding me.
- To equalize my ears and sinus air spaces, I will need to blow gently against pinched nostrils every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and/or I may harm it.
- I can seek further training from any IAHD-Americas Dive Center, Resort and Instructor to become certified to dive without a professional guide.

Flying After Diving Recommendations

1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested. 2) For repetitive dives and/or multi-day dives within the no decompression limits, a minimum preflight surface interval of 18 hours is suggested. 3) For dives requiring decompression stops, a minimum preflight surface interval greater than 18 hours is suggested.

Mode/actor name: Mode/actor name: Mode/actor n	Liability Release and Assumption of Risk Agreement	
Illian to advante to them can place me in jeopardy who dividing. Address: Address: City: State: City: State: Country: Email: Telephone advantance of advantage provided about my medical history on the Medical Coestioneasin is accurate to the best of my knowledge. I agree to accept according to the five size. It is advantance to these to expect and the program may be conducted at a sixth program in page to find a best made a remongression chamber. It shift best to proceed with the program in page to find a best made a remongression chamber. It shift best to proceed with the program in page to find a best made and a remove program in page to find a best made and a remove program of the program in page to find a best made and a remove program of the program in page to find a program in page to find a medican developed in the state of the program of a national page and p	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 affirm I have read and understand the Safe Diving Practices and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that	
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City:	I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur	Address:
Telephone	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 in proximity to the dive site.	City:State:
anderstand and agree that neither the dive professionals conducting this program. IAHD-AMERICAS, nor the facility through which this activity is nonderstand, nor any of their respective employees, efficients, agents or assigns (hereinather formed to as "Reliusave Parties") may be had liable or responsible in any well or my impring death or other demanges to me, my family, status, neither passive and excite. For valuable consideration, including phereby grant through program and the participating in this program, including but not limited to the academics, confined water english and republish, broadcast and ret whole or in part, of me, to IAHD-AMERICAS the right temperature of the participating in this program, including but not limited to the academics, confined water english on the participation in this program, including but not limited to the academics, confined water english program and that interesting the participation in this program, including but not limited to the academics, confined water english program and that in mighter understand that side indiving and cash driving any objective program, including the program in the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the program in the Released Parties from any claim or lawsuit by me, my family, estato, the program in the program in the Released Parties from any fa	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	Country:
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turther release and hold harmless the Discover Scuba Diving program and the Released Parties from any claim or lawsuit byme, my family, estate, are assigned, string out of my participation in this program. Turther understand that skin diving and scuba diving are physically strenous activities and that I will be averting myself during this program and that I am injured as a restate ohear attents, panic, hyporventiation, etc. that I expressly assume the risk of said injuries and that I will not hold the eleased Parties responsible for the same. I hereby release and discharge IAHD-AI they provision of Risk and Liability Release Agreement, or that I have acquired to written consent of my parent or gardian. Inderstand that the terms herein are contractual and not a mere recital and that I have signed this Release Agreement, or that I have acquired give that I hereby agree to wais my legal rights. I turther agree that if any provision of this Agreement is found to be unenforceable or invalid, that drovision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had worked bear continued to the photograph(s)/video(s). By This INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFES. BOUNDETING THIS ACTIVITY. THE FACILITY THROUGH WHIGH THIS ACTIVITY IS CONDUCTED. AND IAHD-AMERICAS AD ALI RELATED WITTER ASSING OR ACTIVE. INCIDENT AND RELEASE DARRIES AS DEFINED ABOVE, RIGHMAN IN THE PROFESSION AND RELEASE THE DIVE PROFES. WHETHER PASSING OR ACTIVE. I hereby warrant that I am of full age and I have the legal right. I was a completion Date (Doy/Month/Year) Date Discover Scuba Diving Registration Form Agreement (Walle of Parent/Legal Guardian's signature Day/Month/Year) Date The registration of the same have been accompanied to the profession of the pro	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 participating in this program, including but not limited to the academics, confined water and/or open water activities.	printed or electronic or any other media in CD-ROMs, DVDs, tapes and other forms further grant IAHD-AMERICAS the right
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l hereby released and discharge IAHD-AM further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, or that I have acquired to written consent of my parratir or guardian. Inderstand that the terms herein are centractual and not a more recital and that. I have signed this Release of my own free act and with the knowl- day that I hereby legal rights. I fainther agree that if any provision of his Agreement is found to be unenforceable or invalid, that rowision shall be sowered from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had were been contained herein. BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFES- IONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND IAHD AMBRICAS, AND ALL RELATED WITTIES AND RELEASED PARTIES, AS DEFINED ABOVE, FROM ALL LIBBILITY OR RESPONSIBILITY WARSFORMSHILLY WARSFORMSHILLY WARSFORMSHILLY WARSFORMSHILLY WARSFORMSHILLY WARSFORMSHILLY WARSFORMSHILLY WARSFORMSHILLY WARSFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE BORTON BEHALF OF MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE BORTON BEHALF OF MYSELF AND MY HEIRS. Date Discover Scuba Diving Registration Form Discover Scuba Diving Registration Form Date Thereby release and discharge IAHD-AMERICAS or it the taking of the finished expectation involved the move of finished photograph (s) video(s) and assume photograph(s) video(s) and assume photograph(s) video(s). And assume photograph(s) video(s) in its/their origin broadcast or other use in any form of me of move of the provision of the provi	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	
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Address:					
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For valuable considerate hereby grant the work publish and republish, be whole or in part, of me printed or electronic or a CD-ROMs, DVDs, tapes further grant IAHD-AM temporarily, to any persent the photograph(s)/video	dwide, perpetual proadcast and rebrown, to IAHD-AMERINARY other media in and other forms of ERICAS the right to son, agent, entity of the son, agent	right and permisoadcast, and/or dicast, for use in a cluding but not lire of still and/or most transfer and/or company in contract.	ssion to phestribute and rticles, adventiced to magition media, assign this innection wi	otograph/vide d redistribute pertising, or for gazines, books now existing right and pern th said purpos	eotape, use, copyrigh photos and/or videos, i any other purposes i s, newsletters, web site or yet to be created. hission, permanently coses. I acknowledge tha
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Model/actor signature _		Date		Age*	
*If Model/actor is under	the age of 18 year	rs, a parent or lega	l guardian's	s signature is r	equired:
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601 YODER ROAD, HARLEYSVILLE, PA 19438