



# Diver Information Sheet

First Name: Middle Initial: Last Name:

Cell Phone: Gender:

Home Phone:

Address:

Email Address:

Birth Month: Birth Day: Birth Year:

Certification: If certified: Level:

Agency:

Certification Number:

## Emergency Contact Information

Name:

Work Phone:

Home Phone:

Cell Phone:

Address:

Relationship:

## **Atlantic Edge Scuba Aquarium Dive Agreement and Responsibilities**

Thank you for choosing Atlantic Edge Scuba! In order to make your dive as enjoyable as possible, we ask that you read this agreement form, initial where indicated, and sign at the bottom.

### **DIVER RESPONSIBILITIES (please initial)**

\_\_\_\_\_ You will need to bring your Scuba Certification Card and a photo ID with you to the Aquarium. (Must be a minimum of Open Water Diver Certified, if you have questions about your certification level please contact us).

\_\_\_\_\_ Divers are responsible for having all medical forms and liability waivers completed prior to arriving at the Aquarium. Medical forms may require a physician's approval; PLEASE COMPLETE IMMEDIATELY. The necessary forms for your dive can be obtained at Atlantic Edge Scuba, or on the Atlantic Edge website.

\_\_\_\_\_ Divers are responsible for providing bathing suit, towel, full wetsuit, mask, fins, and booties or socks. If you do not have this equipment, you can rent it from Atlantic Edge Scuba. (Shorty Wetsuits are not permitted)

### **GENERAL TERMS AND CONDITIONS (please initial)**

\_\_\_\_\_ Must be a Certified Open Water Diver. Must be 18 years old. (PADI Scuba Diver Certification does not qualify as certification). If it's been a while since your last dive, we highly recommend a refresher course prior to your dive. The aquarium is a confined space and proper buoyancy control is a required skill in order to make the dive.

\_\_\_\_\_ Divers who arrive at Aquarium without having completed their medical forms and liability releases may not be permitted to dive. If you are unable to dive in the Aquarium because they came unprepared you will not be eligible for a refund.

\_\_\_\_\_ Only the BCD, regulator, tanks and weights provided by the Aquarium are permitted to be used. No need to bring all that heavy equipment with you. Do to safety issues you are not permitted to use your own gear, other than mask, fins, wetsuit and booties.

\_\_\_\_\_ If you have friends and family who would like to watch you dive, they will need to purchase regular tickets to the Aquarium. We suggest buying tickets in advance on their website: [www.aqua.org](http://www.aqua.org).

\_\_\_\_\_ Any jewelry needs to be removed prior to the dive. No signs, banners or slates allowed during your dive. No cameras are allowed in the Aquarium exhibit.

\_\_\_\_\_ I hereby grant Atlantic Edge Scuba and the National Aquarium the irrevocable right and permission to use photographs and/or video recordings on Atlantic Edge's website, publications, promotional flyers, in our newsletters, or for any other similar purpose without compensation to me. I understand and agree that such photographs and/or video recordings of me may be placed on the internet.

### **CANCELLATION/ (please initial)**

\_\_\_\_\_ If you need to cancel for any reason the spot must be filled by another person. You can opt to have us look for another person to take your spot for a fee of \$50, or you can find that person. No refund of any kind can be issued if the spot remains empty. Atlantic Edge must be notified of any name changes by email no later than the Friday at 4pm before the dives are scheduled to take place.

\_\_\_\_\_ From time to time, the dive schedules may need to be changed due to circumstances outside of Atlantic Edge Scuba's control (animal safety, animal health, weather, facility issues, etc.) If a dive needs to be cancelled, divers will have the opportunity to reschedule into another available date or request a refund.

**I have read the above agreement, and I agree to and understand all terms for the Aquarium Dive:**

SIGNATURE \_\_\_\_\_ PRINT: \_\_\_\_\_ Date \_\_\_\_\_



# Instructions For Filling Out PADI Medical Statement

**Please Read This Carefully – If Your Medical Form Is Filled Out  
Incorrectly You Will Not Be Able to Dive**

- 1) Fill out the Divers Medical Questionnaire on Page 1
- 2) Fully write out the word “Yes” or “No” in each blank (as opposed to check marks, X’s, Y’s, N’s or any type of copy lines, etc.)
- 3) If you answer “Yes” to any of the questions on Page 1, you must obtain a doctor’s signature\* on Page 2 indicating that you are physically able to dive.
- 4) If you answered “No” to all questions, you do not need a doctor to sign on Page 2.

If you come to your scheduled class with a “Yes” on the Divers Medical Questionnaire and no doctor’s signature, **YOU WILL NOT BE ABLE TO DIVE and you will not receive a refund.**

\*Full instructions for your doctor regarding the activity of diving can be found at:  
[http://www.atlanticedge.com/training/pdf/Medical\\_Statement\\_Guidelines.pdf](http://www.atlanticedge.com/training/pdf/Medical_Statement_Guidelines.pdf)



# Medical Statement Participant Record (Confidential Information)



## Please read carefully before signing.

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. Your signature on this statement is required for you to participate in the scuba training program. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, 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 relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization 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 Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

## Divers Medical Questionnaire

### To the Participant:

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 prior to engaging in dive activities.

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 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 an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant?  | <input type="checkbox"/> Any form of lung disease?   | <input type="checkbox"/> Recurrent back problems?  |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Pneumothorax (collapsed lung)?  | <input type="checkbox"/> Back or spinal surgery?   |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following?                          | <input type="checkbox"/> Other chest disease or chest surgery?   | <input type="checkbox"/> Diabetes?   |
| <input type="checkbox"/> currently smoke a pipe, cigars or cigarettes  | <input type="checkbox"/> Behavioral health, mental or psychological problems (Panic attack, fear of closed or openspaces)? | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture?              |
| <input type="checkbox"/> are currently receiving medical care  | <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?                              | <input type="checkbox"/> High blood pressure or take medicine to control blood pressure?               |
| <input type="checkbox"/> have a high cholesterol level   | <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them?                     | <input type="checkbox"/> Heart disease?  |
| <input type="checkbox"/> high blood pressure   | <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)?                                       | <input type="checkbox"/> Heart attack?   |
| <input type="checkbox"/> have a family history of heart attack or stroke   | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?                       | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery?                                |
| <input type="checkbox"/> diabetes mellitus, even if controlled by diet alone   | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention?  | <input type="checkbox"/> Sinus surgery?  |
| <b>Have you ever had or do you currently have...</b>   | <input type="checkbox"/> Any dive accidents or decompression sickness?   | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance?                |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?  | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?           | <input type="checkbox"/> Recurrent ear problems?   |
| <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy?  | <input type="checkbox"/> Head injury with loss of consciousness in the past five years?                                    | <input type="checkbox"/> Bleeding or other blood disorders?  |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis?  |  | <input type="checkbox"/> Hernia?   |
|  |  | <input type="checkbox"/> Ulcers or ulcer surgery ?   |
|  |  | <input type="checkbox"/> A colostomy or ileostomy?   |
|  |  | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |

The information I have provided about my medical history is accurate to the best of my knowledge. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in scuba programs. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition, or any changes thereto.

Participant's Signature

Date (Day / Month / Year)

Signature of Parent or Guardian (where applicable)

Date (Day / Month / Year)

## STUDENT

Please print legibly.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

### Name and address of your family physician

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when? \_\_\_\_\_

## PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

### Physician's Impression

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

### Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date \_\_\_\_\_  
Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

## CERTIFIED DIVERS

## Non-Agency Disclosure and Acknowledgment Agreement

## Liability Release and Assumption of Risk Agreement

## CERTIFIED DIVERS





## Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – **S**lowly **A**scend **F**rom **E**very dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

**I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.**

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)





**DIVE PROGRAM WAIVER  
AGREEMENT, INDEMNIFICATION, AND RELEASE OF CLAIMS**

**Participant Name:** \_\_\_\_\_

In consideration of scuba diving under the auspices of the National Aquarium. ("Aquarium") and participating as a diver at the National Aquarium,  
I, \_\_\_\_\_ the undersigned hereby agree as follows:

1. I am aware that diving has inherent risks and dangers, known and unknown, which may result in serious injury or death. Specifically, I understand that scuba diving with compressed air involves risks including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that may require treatment in a recompression chamber. I understand that the National Aquarium does not have a recompression chamber, and that access to a recompression chamber will require time and travel. I still choose to proceed with the dive program in spite of the absence of a recompression chamber in proximity to the dive site. I understand that diving is a physically strenuous activity and that I will be exerting myself during this program, and that I may suffer heart attack, panic, hyperventilation, and/or drowning. I understand that diving in aquarium exhibits will put me in the presence of hazardous marine life and challenging environmental conditions.
2. I hereby state that I am a competent, certified diver, with knowledge of the risks and dangers of diving. In consideration of being allowed to participate in the diving program, I hereby personally assume any and all risk of personal injury (including death) and property damage which may occur during (and/or as a result of) the above referenced activities at the Aquarium.
3. I hereby release, acquit, exonerate, and forever discharge National Aquarium and their affiliates, directors, officers, agents, volunteers, and employees (collectively, the "Released Parties") from any and all claims for personal injury (including death) and/or property damage which may occur during (and/or as result of) the above referenced activities at the Aquarium.
4. To the extent permitted by applicable law, I hereby covenant and agree to defend, hold harmless, and indemnify the Released Parties from and against any and all claims, demands, judgments, losses, damages, punitive damages, obligations, actions, causes of action, costs, expenses, attorneys' fees, and liabilities which any of the Released Parties may sustain, incur, or be required to pay, at any time after the date of this Agreement.

5. I hereby agree to obey all safety requirements and instructions, and to honor all restrictions and limitations, during the above referenced activities at the Aquarium.

6. This Agreement shall apply and shall be enforceable to the full extent permitted by applicable law; and if any provision of the Agreement is held or deemed to be unenforceable or void, the remaining provisions shall nevertheless continue in full force and effect.

7. I further state that I am of lawful age and legally competent to sign this liability release. 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.

8. 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 resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

☐ I have read, understand and agree to the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_