



“Snorkeling BSA” Certification

When: 7:00 AM Saturday, December 7th

Where: The Dive Shop

2714 Sandy Plains Rd, Marietta, GA 30066

Who: Anyone “Swimming with the Manatees” in January and not already certified under Snorkeling BSA or as a scuba diver.

What to Wear/Bring: Swimsuit and towel, plus snorkel, mask, flippers (if you have your own)

Equipment for this training need not be fancy. The Dive Shop will have loaner snorkeling gear if needed.

Also, the outfitter in Florida will provide wet suit and snorkeling gear as part of the January trip.

If you would like your own gear, you can purchase it at The Dive Shop before the training (tell whoever helps you that you are part of the Boy Scout group scheduled for training on the morning of Dec. 7th)

Training Cost: \$5 - due by Nov. 18th sign-up deadline.

Waiver forms for snorkeling training and the Manatee trip itself are attached to this flyer. All forms including gear size information (height, weight, shoe size) must be turned in along with payment!

****Deposit for January Manatees trip is \$60 and due by Dec. 9. We pay outfitter on Dec. 10. Trip is non-refundable after that date. ****

[Please give this page and applicable payments to Ms. Reisner at the Nov. 11 or Nov. 18 troop meeting.]

Snorkeling BSA

Gear Sizing & Payment Information

The Dive Shop will provide loaner snorkeling equipment for the **Snorkeling BSA** training on Dec. 7th at The Dive Shop (snorkel, mask, fins). You may also bring your own if you prefer.

In January, for the Florida **Swim with the Manatees**, the outfitter (Birds Underwater) will also provide snorkeling gear (snorkel, mask, fins, and including the required wet suit). Even if you own a full set of gear, you may find it convenient to use the outfitter-provided gear that weekend!

Please provide the following information to be used by the vendors to ensure the correct size gear is available:

Participant Name: _____

Youth or Adult (circle one): Youth Adult

Participant Height: _____ Weight: _____

Shoe size: _____ Size is Mens / Womens / other: _____

[For Troop use– do not fill in below]

Snorkeling BSA Training Fee (\$5) Paid - _____ (date/form)
(\$5 payment required by Nov. 18)

Manatee Swim Deposit (\$60) Paid _____ (date/form)
(\$60 deposit due by Dec. 9th / transferable but non-refundable after Dec. 9th)



SCUBA SCHOOLS INTERNATIONAL

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 offered by:

(INSTRUCTOR) _____
and (FACILITY) _____
located in the city of _____
and state of _____.

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 a minor, you must have this Statement signed by a parent.

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 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 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 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 History section, review them with your Instructor before signing.

Medical History

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 pre-existing condition that may affect your safety while diving and you must seek the advice of your physician.

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 a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- ____ Could you be pregnant, or are you attempting to become pregnant?
- ____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- ____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars, or cigarettes
 - have a high cholesterol level
 - have a family history of heart attacks or strokes
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

- ____ Asthma, or wheezing with breathing, or wheezing with exercise?
- ____ Frequent or severe attacks of hayfever or allergy?
- ____ Frequent colds, sinusitis or bronchitis?

- ____ Any form of lung disease?
- ____ Pneumothorax (collapsed lung)?
- ____ Other chest disease or chest surgery?
- ____ Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
- ____ Epilepsy, seizures, convulsions or take medications to prevent them?
- ____ Recurring migraine headaches or take medications to prevent them?
- ____ Blackouts or fainting (full/partial loss of consciousness)?
- ____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- ____ Dysentery or dehydration requiring medical intervention?
- ____ Any dive accidents or decompression sickness?
- ____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

- ____ Head injury with loss of consciousness in the past five years?
- ____ Recurrent back problems?
- ____ Back or spinal surgery?
- ____ Diabetes?
- ____ Back, arm or leg problems following surgery, injury or fracture?
- ____ High blood pressure or take medication to control blood pressure?
- ____ Heart disease?
- ____ Heart attack?
- ____ Angina, heart surgery or blood vessel surgery?
- ____ Sinus surgery?
- ____ Ear disease or surgery, hearing loss or problems with balance?
- ____ Recurrent ear problems?
- ____ Bleeding or other blood disorders?
- ____ Hernia?
- ____ Ulcers or ulcer surgery?
- ____ A colostomy or ileostomy?
- ____ 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 agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

SIGNATURE _____

DATE _____

SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE _____

DATE _____

Student

(Please print legibly)

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Telex _____ FAX _____

Name and address of your family or primary care physician:

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____ Phone () _____

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

Physician

This person is an applicant 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. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

Physician's Impression:

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

I am unable to recommend this individual for diving.

Remarks _____

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____



WAIVER AND RELEASE OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

— This form is to be used for Try Scuba Diving Training —

This is a legal contract, read carefully before signing.

Warning: Scuba activities can be dangerous. You can be seriously injured or die!

In consideration of permitting me to participate in the Try Scuba or Try Scuba Diving program I agree to the following:

By signing this document I understand and agree that scuba activities can be dangerous. I voluntarily assume all risks associated with swimming, snorkeling and scuba activities, including, but not limited to, pre-existing health issues leading to injury, drowning, panic, pressure related injuries, decompression sickness, over-expansion injuries, gas toxicities, injury from marine life, injury from boats, environmental factors which lead to injury, equipment problems leading to injury, buoyancy problems, poor judgment, along with other unforeseen risks. I understand the fact that these risks may cause me serious personal injury or death and I accept these risks, whether the risk is specifically stated or not, and I voluntarily choose to participate despite the risks.

I agree to be responsible for my own safety and well-being during all Try Scuba or Try Scuba Diving activities and instruction. I agree that it is my responsibility to be physically, medically and mentally fit to participate in all Try Scuba or Try Scuba Diving activities. I agree to be responsible for monitoring my gas consumption, including minimum safe gas amounts, decompression procedures and any contingency plan which may become necessary. I understand that this training does not guarantee my safety and does not guarantee certification.

I will not dive in conditions or at times that are beyond my abilities or comfort level and if conditions change while on a dive, become dangerous or are unplanned or cause me to feel uncomfortable, I will abort the dive immediately. Should I become ill or injured or uncomfortable in any way I will immediately advise my instructor and I will take action to address my condition. I understand that scuba activities will be conducted in remote sites, in time and distance, from medical care including a recompression chamber; I accept these risks and still choose to participate.

I agree that it is my responsibility to advise my family, heirs, assigns and beneficiaries that scuba activities are dangerous and I could be seriously injured or die while participating in scuba and I have advised them of these risks. I hereby agree that I, or my estate, shall be fully liable for any claim brought on my behalf by me, my family, estate, heirs, or others arising from my injury or death while participating in diving activities.

I AGREE TO RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE my instructor, instructional staff, dive center, dive boat, training facilities, training site, transporters, Scuba Schools International (SSI), and their owners, officers, directors, contractors, staff, agents, employees or volunteers (hereafter "Released Parties") from all liability to myself, my family, heirs, assigns and beneficiaries, for any risks that may arise, due to NEGLIGENCE, WHETHER FORESEEN OR UNFORESEEN, WHETHER CAUSED BY AN ACT AND/OR A RESULT OF AN IMPROPER ACT AND/OR AS RESULT OF NO ACTION, INCLUDING NEGLIGENCE OF MY OWN, ANY RELEASED PARTY OR OTHERS. I agree to release, waive, discharge, not sue, indemnify, save, and hold harmless the Released Parties, whether specifically named or not, for any and all claims, demands, damages, actions, cause of action and lawsuits of any nature by me, my estate, family, heirs, assigns or beneficiaries, for claims arising during the Try Scuba or Try Scuba Diving program.

I have read this Assumption of Risks and Liability Release document. I fully understand its terms and understand that I give up substantial rights by signing it, I am aware it is a contract and not a mere recital, I am aware of its legal consequences, and I am signing it of my own free will, voluntarily without inducement or duress, and I understand it is an unconditional complete release of all liability to the greatest extent provided by law. If any portion of this document is found to be unenforceable or invalid, the remainder of the document shall have full force and effect, furthermore, I agree to this document without modification of the printed text and without further assurances or warranties which would modify my understanding of the document. I have advised my family that I have given up their rights to sue and that I or my estate will be liable for any damages they may pursue against the Released Parties.

Participant (please print) _____

Participant Signature _____ Date _____

Address _____ City _____

State _____ Zip code _____ Telephone (_____) _____ - _____

E-Mail Address _____

Witness (please print) _____

Witness Signature _____ Date _____

Risk Awareness Video — Part I for Participants in the Try Scuba Program:

To be signed by participant after viewing RISK AWARENESS VIDEO — PART I and prior to any water work: *

Participant _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED)

Witness _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

Risk Awareness Video — Part II for Participants in the Try Scuba Diving Program:

To be signed by participant after viewing RISK AWARENESS VIDEO — PART II and prior to open water scuba dives: *

Participant _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED)

Witness _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

Risk Awareness Video — Part IV for children in either the Try Scuba or Try Scuba Diving Program:

To be signed by participant after viewing RISK AWARENESS VIDEO — PART IV for Children and prior to any water work: *

Participant _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED)

Parent/Guardian _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

Witness _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

As parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees. Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities or instructional program with the dive leader prior to commencement of the minor child's snorkeling or scuba activities.*

Mother _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (DD / MM / YY)

Father _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (DD / MM / YY)

Guardian _____ Date _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE) ▲ (DD / MM / YY)

*** NOTE:** This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.