

indigo Divers

PARTICIPANT PROFILE. (Confidential) Please print legibly.

NAME: _____ BIRTHDATE: _____ M . . F . .
HOTEL: _____ ROOM NO: _____ DEPARTURE DATE: _____
MAILING ADDRESS: _____
CITY/STATE: _____
COUNTRY/POSTAL CODE: _____
EMERGENCY CONTACT INFORMATION:
NAME: _____ CONTACT NO.: _____

CERT AGENCY AND LEVEL

MEDICAL STATEMENT. 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 diving program. Your signature on this statement is required for you to participate in the scuba diving program offered by WATERLINE ENTERPRISES dba INDIGO DIVERS located in Jolly Harbour, Antigua, W.I..

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 the Medical Statement or the Medical History section, review them with your physician 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 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 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.

<input type="checkbox"/> Do you regularly take prescription or nonprescription medication?	<input type="checkbox"/> Could you be pregnant?
Have you ever had or do you currently have:	
<input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?	<input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture?
<input type="checkbox"/> Frequent or severe attacks of hay fever or allergy?	<input type="checkbox"/> Inability to perform moderate exercise (walk one mile within 12 minutes)?
<input type="checkbox"/> Frequent colds, sinusitis, or bronchitis?	<input type="checkbox"/> History of high blood pressure or take medicine to control blood pressure?
<input type="checkbox"/> Any form of lung disease?	<input type="checkbox"/> History of any heart disease or heart attacks?
<input type="checkbox"/> Pneumothorax (collapsed lung)?	<input type="checkbox"/> Angina of heart or blood vessel surgery?
<input type="checkbox"/> History of chest surgery?	<input type="checkbox"/> History of ear or sinus surgery?
<input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)?	<input type="checkbox"/> History of ear disease, hearing loss or problems with balance?
<input type="checkbox"/> Behavioral health problems?	<input type="checkbox"/> History of problems equalizing (popping) ears with airplane or mountain travel?
<input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?	<input type="checkbox"/> History of bleeding or other blood disorders?
<input type="checkbox"/> Recurring migraine headaches or take medications to prevent them?	<input type="checkbox"/> History of any type of hernia?
<input type="checkbox"/> History of blackouts or fainting (full/partial loss of consciousness)?	<input type="checkbox"/> History of ulcers or ulcer surgery?
<input type="checkbox"/> History of diving accidents or decompression sickness?	<input type="checkbox"/> History of colostomy?
<input type="checkbox"/> History of back surgery or recurrent back problems?	
<input type="checkbox"/> History of diabetes?	

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK. (Please read carefully before signing).

I understand and agree that neither my instructor, nor WATERLINE ENTERPRISES t/a INDIGO DIVERS, nor any of their respective employees, officers, agents or assigns, may be held liable or responsible in any way for any injury, death, or other damages to me or my family that may occur as a result of my participation in this diving program. In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury or damage that may befall me while I am participating in this program, including all risks connected therewith, whether foreseen or unforeseen. I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving course, 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 and that I will not hold the above listed individuals of companies responsible for the same. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. I affirm that this release is binding for all claims, including but not limited to, those claims in tort and contract.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IN ON BEHALF OF MYSELF AND MY HEIRS.

SIGNATURE _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN (where applicable) _____ DATE _____

How did you hear about us: PADI; Internet; Flier; Magazine/Brochure; Hotel; Friend; Other: _____