

UNDERSEA ADVENTURES

TITAN I MISSILE SILO COMPLEX

Statement of Understanding

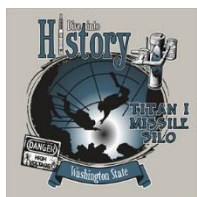
I understand that:

1. Because I will be diving in an environment of total darkness, I have a primary dive light and a back up dive light in good working condition with fully charged batteries. A glow stick in a visible place is required.
2. Access to the dive site involves climbing ladders, walking on uneven surfaces, stepping over, onto and down from obstructions. Access and exiting can be strenuous. I must be physically fit and able to carry my equipment to and from the dive site.
3. This is a salvaged missile silo and has many sharp jagged pieces of metal that may damage equipment if snagged. I am responsible for any damage to my gear.
4. I am aware that there are vertical drops in excess of 100 feet and mastery of buoyancy control is essential.
5. The missile silo is an underground, completely closed area and that there is only one way in and one way out of the dive site and that I will be walking through 8 foot corridors to access the launch tube.
6. These structures in the launch tubes contain many swim-throughs. There are also doorways and passage ways in and out of the tube. These are smaller than they appear to be under water. I understand that I must determine the actual size of the opening before attempting to enter. I will not enter areas with overhead environments unless trained to do so, then only with permission and under the supervision of the Dive master in charge.
7. In all diving activities, the buddy system is important. It is especially so in this dive because of the possibility of disorientation.
8. UnderSea Adventures' Dive masters have full authority over all diving activities within the silo.
9. Excess and bulky equipment may limit my accessibility into certain areas of the silo. Redundant air supply is recommended. Dive computers are required. Decompression dives are not allowed.
10. When diving, vehicles are unattended, and I am responsible for any loss or damage.
11. Buddies stay together; if you need to leave before the group exits, you must leave with your buddy and tell your Divemaster that you are leaving.
12. I have an Advanced Open Water certification or higher and have logged two or more cold, deep and night open water dives within the last year.

Diver name _____ Signature _____ Date _____

Certification level _____ Agency & Certification # _____

Witness name _____ Signature _____ Date _____



UNDERSEA ADVENTURES TITAN I MISSILE SILO COMPLEX

Liability Release and Assumption of Risk Agreement

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am aware that there are risks in diving the Titan I Missile Silo and acknowledge that I have been fully informed of the inherent hazards and risks associated with it. I fully understand that these risks can lead to severe injury and even death. Despite the potential hazards and dangers associated with this dive, I wish to proceed and I freely accept and expressly assume all risks, dangers, and hazards that may arise from my diving activities and which could result in personal injury, death and property damage.

1. I understand that the purpose of signing this document is to exempt and release UnderSea Adventures and its employees from any and all liabilities arising as a consequence of any acts or omissions on their part, including, but not limited to, active or passive negligence.

2. I understand and agree that my Divemaster(s) _____ may not be held liable or responsible in any way for any injury, death or other damages to me.

3. In consideration of being allowed to participate in Missile Silo dives, I hereby personally assume all risks, whether foreseen or unforeseen, that may befall me while I am a participant in these dives.

4. I further release, exempt and hold harmless Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of these dives.

5. I further release, exempt and hold harmless Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising from injuries or trauma, either physical or mental, at the Missile Silo site above or below water.

6. 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.

7. I have read and agree to Titan I Missile Silo Complex Statement of Understanding.

I, _____ (participant name) by this instrument agree to exempt and release UnderSea Adventures, their facilities, officers, directors, employees, representatives, agents and volunteers, 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. I have fully informed myself of the contents of this liability release and assumption of risk agreement by reading it before I signed it on behalf of myself and my heirs.

Participant name _____ Signature _____ Date _____

Address _____

Cell _____ Email _____

Signature of Parent or Guardian (where applicable) _____ Date _____

Witness name _____ Witness signature _____ Date _____



Participant Name

Birthdate

(Print)

Date (DD/MM/YY)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/ or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	<input type="checkbox"/> Yes Go to box A	<input type="checkbox"/> No
2	I am over 45 years of age.	<input type="checkbox"/> Yes Go to box B	<input type="checkbox"/> No
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	<input type="checkbox"/> Yes Go to box C	<input type="checkbox"/> No
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	<input type="checkbox"/> Yes Go to box D	<input type="checkbox"/> No
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	<input type="checkbox"/> Yes Go to box E	<input type="checkbox"/> No
8	I have had back problems, hernia, ulcers, or diabetes.	<input type="checkbox"/> Yes Go to box F	<input type="checkbox"/> No
9	I have had stomach or intestine problems, including recent diarrhea.	<input type="checkbox"/> Yes Go to box G	<input type="checkbox"/> No
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (DD/MM/YY)
Participant Name (Print)	Date of Birth (DD/MM/YY)
Instructor Name (Print)	Facility Name (Print)

*** If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.**

Version date: 2022-02-01

**Participant Name****Birthdate**

(Print)

Date (DD/MM/YY)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX B – I AM OVER 45 YEARS OF AGE AND:

I currently smoke or inhale nicotine by other means.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have a high cholesterol level.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have high blood pressure.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX C – I HAVE/HAVE HAD:

Sinus surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Ear disease or ear surgery, hearing loss, or problems with balance.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurrent sinusitis within the past 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Eye surgery within the past 3 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX D – I HAVE/HAVE HAD:

Head injury with loss of consciousness within the past 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Persistent neurologic injury or disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX E – I HAVE/HAVE HAD:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX F – I HAVE/HAVE HAD:

Recurrent back problems in the last 6 months that limit my everyday activity.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Back or spinal surgery within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
An uncorrected hernia that limits my physical abilities.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX G – I HAVE HAD:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Dehydration requiring medical intervention within the last 7 days.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or uncontrolled ulcerative colitis or Crohn's disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Bariatric surgery within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

*Physician's medical evaluation required (see page 1).



Participant Name

Birthdate

(Print)

Date (DD/MM/YY)

Diver Medical | Medical Examiner's Evaluation Form

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (DD/MM/YY)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the Diver Medical Screen Committee in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego