

Course Application
Professional Instruction For SCUBA Courses



Course Date: _____

Full Legal Name: _____ Nickname: _____ Age: _____

Birth date: _____ Email Address: _____

Address: _____

Phone # (Cell): _____ Home: _____ Other: _____

Emergency Contact: _____ **Phone Number:** _____

Marital Status: _____ Number of Children: _____

Hobbies: _____

Have you had a physical in the last six months? _____ If yes, list date: _____

Other Certifications (First Aid/CPR, Lifesaving, etc.) _____

What about this sport interests you? _____

Spear fishing _____ Nitrox _____ Night _____ Beach _____ Boat _____

Photography _____ Wreck _____ Navigation _____ Other _____ Computers _____

How did you learn about us? (Facebook, website, store visit, referred by a friend – tell us!) _____

Please list any friends, family members or co-workers that you would like to dive with:

Name (s) Relation to You Telephone Numbers

Equipment you own: Mask ___ Fins ___ Snorkel ___ Boots ___ Gloves ___ Cylinder ___ Regulator ___

BCD ___ U/W Camera ___ Other item(s) _____

Additional Information Needed From Certified Divers

Agency certified with (SSI, ANDI, PADI, NAUI, etc.) _____

Highest Certification Level (Basic, Advanced, Expert, etc.) _____

Where was the course given? _____ Where was the checkout? _____

Approx. length of course _____ Instructor's Name _____

Approx. # of dives _____ Deepest Dive to date _____

Main type of diving you are interested in? _____

Any subject (s) you would like to see covered in this course? _____

Course fees are non-refundable.

Signature of Student Date

Signature of Parent or Guardian Date

Model Release Form



I grant permission to Scuba Professionals of Arizona and its agents or employees to use photographs (negatives, transparencies, prints, or digital, in still, single, multiple, moving or video format, or in which I may be included in whole, in part or composite), taken of me for use in any media for any purpose (except pornographic or defamatory) which may include, but is not limited to: publications such as brochures, newsletters, advertising, magazines, display boards, and to use such photographs in electronic versions of the same publications or on Scuba Professionals of Arizona's website or other electronic forms of media.

I hereby agree that I have no rights to the images, that all rights to the images belong to Scuba Professionals of Arizona and its agents or employees, and waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I acknowledge and agree that this release is binding upon my heirs and assigns, is irrevocable, worldwide, and perpetual and will be governed by the laws of the state of Arizona.

I hereby agree to release, defend, and hold harmless Scuba Professionals of Arizona, and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Print Name _____

Signature _____ Date _____

Email Address _____

Address _____

City, State, Zip _____

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

Pool, Swim, Snorkeling, and SCUBA Activities Waiver

Waiver of Claims, Express Assumption of The Risk,
Release of Liability, and Indemnity Agreement



I, _____, do hereby affirm and acknowledge the inherent hazards and risks associated with pool activities. I fully understand that these risks can lead to severe injury and even death.

In consideration of permitting me, _____, to have access to the pool and participate in pool activities and or related operations conducted by the facility of Scuba Professionals of Arizona, I, for myself, my personal representatives, heirs and next of kin do HEREBY acknowledge that POOL, SWIM, SNORKELING AND/OR SCUBA ACTIVITIES ARE POTENTIALLY DANGEROUS ACTIVITIES and involve the risk of serious injury and/or death and/or property damage;

I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Scuba Professionals of Arizona, its facility, or any of its officers, instructors, agents or employees (the Releasees) from all liability resulting in any loss or damage, and any claim or demand therefore on account of injury to my person or property or resulting in my death, now and forever, arising out of or related to participation in said activities, or any other pool activities that may occur, whether caused by the negligence of the Releasees, or otherwise;

I HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE, now and forever, arising out of, or related to participation in said pool activities, or any related operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees, or otherwise;

I HEREBY acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES and agree that this Waiver of Claims, Release of Liability, Express Assumption of Risk, and Indemnity Agreement extends to all acts of negligence by Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as permitted by the law of the Province or State in which the activities are conducted;

I EXPRESSLY agree to INDEMNIFY and SAVE and HOLD HARMLESS the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of pool activities or arising out of, or related to, participation in said activities, or any other operations, whether caused by the negligence of the Releasees, or otherwise;

If any provision of the document is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be constructed as though the unenforceable provision had never been contained in this document. In executing this document, I am not relying on any oral or written representations of statements made by the Releasees, other than what is set forth in this agreement.

I, _____, hereby declare that I have read the Waiver of Claims, Release of Liability, Express Assumption of Risk, and Indemnity Agreement and fully understand that I have given up substantial rights by signing it. I am aware of its legal consequences, and have signed it freely and voluntarily without inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law. I hereby declare that I am of legal age and am competent to sign this agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or guardian is in complete understanding and concurrence with this agreement.

Participant's _____ Signature _____ Date _____
Name (Please Print) (Signature Required)

Witness _____ Signature _____ Date _____
Adult, cannot be related to you (Please Print) (Signature Required)

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 this form, am aware of its legal consequences, and have signed this document freely and voluntarily without inducement, assurance or guarantee being made to me. I intend my signature to indicate 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.

Name _____ Signature _____ Date _____ Parent or
Guardian (Please Print) (Signature Required)

Equipment Rental Liability Release And Waiver This Is A Release Of Your Rights To Sue



I understand the purpose of signing this document is to exempt and release Scuba Professionals of Arizona (hereafter called the Dive Store) its employees, agents and assigns and to hold these entities harmless from any and all liability arising as a consequence of the following or any other act of omission on their part including, but not limited to active or passive negligence.

I am by my signature on this document affirming that I am a certified scuba diver or a student diver and have been taught and understand that scuba diving has inherent risks and dangers including, but not limited to risks associated with equipment failure, perils of the sea, and acts of fellow divers which could lead to my serious injury or death. By my signature on this document I expressly assume these risks. I acknowledge that I am physically fit to scuba diver or snorkel and will not hold any of the above named individuals, persons, or entities responsible if I am injured as a result of a medical condition while I am scuba diving or snorkeling. I do not have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications, which could cause an adverse reaction as a result of combining such drugs and/or medication with scuba diving.

Prior to leaving the Dive Store I will thoroughly and completely inspect all of the equipment that I am renting and which will be used by me. If I discover any of my equipment is not functioning properly at any time I will cease all diving activities and promptly notify the Dive Store. I expressly agree not to hold the Dive Store or any of its employees, agents or assigns responsible for my failure to inspect my equipment prior to diving.

I understand that I have an affirmative duty to plan my dive. I agree to be responsible for my own safety. My signature on this document affirms that I am fully aware of the dangers, risks and hazards of holding my breath while scuba diving and the dangers associated with rapid ascent. I certify that I am fully aware of the possibility that my equipment may malfunction during a dive which could include a free flowing regulator, stuck inflator button or unwanted inflation by my buoyancy compensator. I agree not to hold any of the individuals, or entities named within this document responsible for any such act.

IT IS MY EXPRESS INTENTION BY WAY OF THIS INSTRUMENT AND BY MY SIGNATURE HEREON TO GIVE UP ALL OF MY RIGHTS TO SUE ANY INDIVIDUALS OR ENTITLES REFERRED TO WITHIN THIS DOCUMENT, WHETHER SPECIFICALLY NAMED OR NOT. FURTHERMORE IT IS MY EXPRESS INTENTION TO EXEMPT AND RELIEVE THE DIVE STORE, THEIR EMPLOYEES, AGENTS AND ASSIGNS AND TO EXPRESSLY AGREE TO INDEMNIFY AND HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURIES, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY ANY ACTIVE OR PASSIVE NEGLIGENCE RELATED IN ANY FASHION TO MY PARTICIPATION IN THIS TRIP/TOUR. I SPECIFICALLY ASSUME ALL RISKS IN CONNECTION WITH THIS TRIP/TOUR, INCLUDING ANY RISKS ASSOCIATED WITH RENTAL EQUIPMENT FROM THE DIVE STORE.

I HAVE READ AND UNDERSTAND THE PRECEDING IN ITS ENTIRETY AND I AGREE TO THE TERMS AND CONDITIONS HEREIN AND ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES. I REALIZE THIS DOCUMENT IS CONTRACTUAL IN NATURE AND NOT MERE RECITAL.

Print Name _____

Signature _____ Date _____

Address _____

City, State, Zip _____

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



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) ANY STAFF
and (FACILITY) SCUBA PROFESSIONALS OF ARIZONA
located in the city of PEORIA
and state of ARIZONA

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 () _____