

indigo Divers

PARTICIPANT PROFILE. (Confidential) Please print legibly.

NAME:

BIRTHDATE:

M F

HOTEL:

ROOM NO:

DEPARTURE DATE:

Email:

Phone No:

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 and present medical history with a X for YES or blank for NO. If in doubt, 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.

Do you regularly take prescription or nonprescription medication?

Could you be pregnant?

Have you ever had or do you currently have:

Asthma, or wheezing with breathing, or wheezing with exercise?

History of back, arm or leg problems following surgery, injury or fracture?

Frequent or severe attacks of hay fever or allergy?

Inability to perform moderate exercise (walk one mile within 12 minutes)?

Frequent colds, sinusitis, or bronchitis?

History of high blood pressure or take medicine to control blood pressure?

Any form of lung disease?

History of any heart disease or heart attacks?

Pneumothorax (collapsed lung)?

Angina of heart or blood vessel surgery?

History of chest surgery?

History of ear or sinus surgery?

Claustrophobia or agoraphobia (fear of closed or open spaces)?

History of ear disease, hearing loss or problems with balance?

Behavioral health problems?

History of problems equalizing (popping) ears with airplane or mountain travel?

Epilepsy, seizures, convulsions or take medications to prevent them?

History of bleeding or other blood disorders?

Recurring migraine headaches or take medications to prevent them?

History of any type of hernia?

History of blackouts or fainting (full/partial loss of consciousness)?

History of ulcers or ulcer surgery?

History of diving accidents or decompression sickness?

History of colostomy?

History of back surgery or recurrent back problems?

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 _____