Diver City SCUBA Inc 731 St. Mary's Rd
204-257-2822 info@divercityscuba.ca

We are excited to work with you to Discover SCUBA Diving!

To ensure your safety, we do need some forms filled out before we can go to the pool.

Pages 1-3 are mandatory for all participants.
Please fill out the information completely and honestly.

Please follow the directions when answering the medical questionnaire.

Note that a Doctor's consultation may be necessary to ensure that it will be safe for you to dive.

Page 4 is required only if you answered YES to any questions that direct you to BOX A - G.

Page 5 is required if you answered YES to questions 3, 5, 10 on page 3 **AND/OR** answered YES to any questions on page 4.

We will need this before you can get in the water.

Discover Scuba® Diving Registration Form

Participant Information – Please print clearly. Use black or blue pen.

Your personal information, including a valid email address, is required for PADI's Quality Management process. Visit padi.com for PADI's privacy policy.

* Represents required field.

*First Name MI *Last Name

*Email *Date of Birth DAY MONTH YEAR

*Participant Mailing Address *Zip/Postal Code

*City *State/Province *Country

*Phone *Shoe Size _____ *Tshirt Size _____

*Gender __ Male/Man __ Female/Woman __ Non-Binary/Non-Conformist __ Prefer not to Say

□ I choose NOT to receive marketing related mailings from PADI. □ I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties.

□ I choose to receive Diver City SCUBA's monthly newsletter

PADI Discover Scuba® Diving Participant Statement

Read the following paragraphs carefully.

This statement, which includes a Media Release Consent Form, a Liability Release and Assumption of Risk Agreement (Statement of Risks and Liability), NonAgency Disclosure and Acknowledgment, Medical Questionnaire and the Discover Scuba Diving Knowledge and Safety Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read this Guide and sign in addition to the participant.

You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.

Participant Media Release Consent Form

I, _____, hereby agree and give my permission for

(Name of parent/guardian if participant is a minor, under the age of 18. Name of participant if an adult, 18 years of age or older.)

Diver City SCUBA Inc. and/or partners to record, film, photograph, audiotape or videotape me/my child's name, image, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the Diver City SCUBA Inc website, social media sites and/or for broadcasting on television or radio as determined by Diver City SCUBA Inc.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of Diver City SCUBA Inc's control. I agree that I will not hold Diver City SCUBA Inc responsible for any harm that may arise from such unauthorized reproduction.

_____ Please check if you **AGREE** that you or your child may be recorded participating in Diver City SCUBA Inc. events as described above.

_____ Please check if you **DO NOT WISH** you or your child not be recorded participating in Diver City SCUBA Inc. events as described above.

I have read this Participant Media Release Consent Form and I fully understand the contents and meaning of this release. I understand that I am free to contact Diver City SCUBA Inc. with any questions regarding this release.

Participant's Signature: _____Date: _____

Parent /Guardian: _____Date: _____

(If participant is a minor – under the age of 18):

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including **Diver City SCUBA Inc** and/or any individual PADI Instructors and Divemasters associated with the program in which I am participation, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Member's business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of **Diver City SCUBA Inc** and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I (participant name), _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this program may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of recompression chamber or medical facility in proximity to the dive site.

The information I have provided about my medical history on the Medical Questionnaire 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 conditions.

I understand and agree that neither the dive professionals conducting this program, nor the facility through which this program is offered, **Diver City SCUBA Inc**, nor PADI Americas, Inc, nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks for any harm, injury, or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the knowledge development, confined water and/or open water activities.

I further release and hold harmless the Discover Scuba Diving program and the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this program.

I further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, 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 Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I (participant name), _____, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS PROGRAM, THE FACILITY THROUGH WHICH THE PROGRAM IS CONDUCTED, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULL INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

Participant Signature	Date (Day/Month/Year)
Parent/Guardian Signature (where applicable)	Date (Day/Month/Year)

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are some medical conditions which can be hazardous while diving. 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 (breathhold diving). This form is principally designed as an initial medical screen for new divers, but is also appropriate for those considering any diving activity. 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.
If you answer NO to all 10 questions below, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.
*** If you answer YES** to questions 3, 5 or 10 below **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. Medical evaluation is required.

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.	Yes ☐ Go to box **A**	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box **B**	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.	Yes ☐*	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses or teeth.	Yes ☐ Go to box **C**	No ☐
5	I have had surgery within the last 12 months, or I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease. I have a condition where sudden neurological compromise/impairment is possible.	Yes ☐ Go to box **D**	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.	Yes ☐ Go to box **E**	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☐
10	I am currently taking one or more prescription medications. (Note: this need not include birth control, menopausal hormone replacement, and antimalarial medication unless it is mefloquine [Lariam]).	Yes ☐*	No ☐

Participant Signature

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/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

staff of Diver City SCUBA Inc

Diver City SCUBA Inc

Instructor Name (Print)

Facility Name (Print)

Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

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.	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	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.	Yes ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, or have been diagnosed with emphysema.	Yes ☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ☐

BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	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).	Yes ☐*	No ☐

BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐
Still healing / recovering from recent dental / oral procedure	Yes ☐*	No ☐

BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease, to include episodic and/or unpredictable loss, reduction, or change in neurological, cognitive, or motor function or performance.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, or take medications to prevent them.	Yes ☐*	No ☐

BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental, or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, either drug or diet controlled, or gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

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

Diver Medical | Medical Examiner's Evaluation Form

Participant Name (Print) **Birthdate** Date (dd/mm/yyyy)

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

(Note that the presence of any additional commentary on this form could invalidate it for some agencies or organizations.)

☐ 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/yyyy)

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