

## Appendix E – SCUBA form

### Be A Diver® Pool Responsibility and Risks Explanation & Acknowledgement Page 1 of 2



Please read and complete each of the following sections carefully.

#### SECTION 1: CONTACT INFORMATION

First Name:	Last Name:	Gender (circle one):	M	or	F
Mailing Address:	City:	State:	Zip:		
Phone:	E-mail Address:	Birth Date:	Age:		

#### SECTION 2: ROLES AND RESPONSIBILITIES ACKNOWLEDGEMENT

- A. DEMA'S ROLE:** To provide the best Be A Diver® Pool experience possible. DEMA is a non-profit organization that conducts the Be A Diver pool experience to educate the public about scuba diving.
- B. DIVE PROFESSIONAL'S ROLE:** To supervise your experience, follow DEMA's guidelines, and provide as safe a diving experience as possible.
- C. PARTICIPANT'S ROLE:**
- To evaluate your medical, physical and emotional readiness to participate in this scuba diving experience. If you know of any medical problems you may have, you'll need to see a medical doctor before scuba diving. The DEMA Be A Diver® Pool Tour Medical Statement will help you and the doctor review your medical fitness to participate.
  - To understand and put to use the following five ACTION steps during your scuba diving adventure.

##### ACTION 1: ATTENTION

- Pay attention, listen and follow the rules. Diving is exciting and you can become distracted during this experience, but stay focused on the Dive Professional and the assistants.
- Be sure to follow the rules covered by the Be A Diver® Pool Tour Dive Professional to help lower your risks and increase your fun. Failure to follow these rules can lead to serious injury, even fatality.

##### ACTION 2: COMMUNICATION

- If you don't understand something, or get confused, ask the Be A Diver® Pool Tour Dive Professional.
- The Be A Diver® Pool Tour Dive Professional is there to help and to answer your questions.
- Don't be shy, it's important for you to understand.
- You may find that other people have the same questions you have!

##### ACTION 3: INFORM

- Inform your Be A Diver® Pool Tour Dive Professional of how you feel.
- Tell your Dive Professional if you're cold, tired, having a problem or don't understand something.
- You'll learn some basic hand signals so you can "talk" with your Dive Professional underwater.
- The Be A Diver® Pool is only 4 feet deep, so you can also stand up and talk to your Dive Professional

##### ACTION 4: OBSERVE

- Observe how the Dive Professional does things and follow the example.
- Watch where the Dive Professional is and be sure to watch for signals and direction.

##### ACTION 5: HAVE FUN!

- Don't forget to have fun!
- Scuba diving is a serious activity and there are risks involved. But you can manage these risks and avoid injury by following these simple ACTION steps.
- Paying careful attention will teach you how to avoid injury and reduce the risk of hurting yourself.
- So take ACTION and have a great time. The fun has just begun!

I have read and acknowledge the Roles and Responsibilities listed above.

Participant First & Last Name (please print):

Signature:

Date:

## Be A Diver® Pool Responsibility and Risks Explanation & Acknowledgement Page 2 of 2


**SECTION 2: MEDICAL STATEMENT – CHECK ALL THAT APPLY**

- |  |   |
|--|---|
| <input type="checkbox"/> I am currently suffering from a cold or congestion.<br><input type="checkbox"/> I am diabetic.<br><input type="checkbox"/> I have a history of respiratory problems or disease.<br><input type="checkbox"/> I have a history of heart condition (e.g. cardiovascular disease, angina, heart attack, etc.).<br><input type="checkbox"/> I currently have an ear infection.<br><input type="checkbox"/> I have a history of sinus problems.<br><input type="checkbox"/> I have active asthma, emphysema or tuberculosis.<br><input type="checkbox"/> I have had problems equalizing (popping) my ears during airplane or mountain travel. | <input type="checkbox"/> I smoke a pack or more of cigarettes a day.<br><input type="checkbox"/> I am currently taking medication that carries a warning about any impairment of my physical or mental abilities.<br><input type="checkbox"/> I have a history of seizures, dizziness or fainting.<br><input type="checkbox"/> I have a nervous system disorder.<br><input type="checkbox"/> I am under the care of a physician or have a chronic illness.<br><input type="checkbox"/> I have recently had an operation or illness.<br><input type="checkbox"/> I am pregnant.<br><input type="checkbox"/> I am claustrophobic.<br><input type="checkbox"/> I am under the influence of drugs or alcohol. |
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**SECTION 3: RESPONSIBILITY AND RISK ACKNOWLEDGEMENT**

I have reviewed and understand the Be A Diver® Pool: Responsibility and Risks Explanation. I have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears; drowning; panic; and other serious injuries or death. I also understand agree to accept my participation responsibilities.

I understand that DEMA utilizes certified Dive Instructors and Dive Leaders (hereafter, "Dive Professionals") to staff Be A Diver® Pool events and that these Dive Professionals are responsible for the conduct and supervision of this activity. I agree to abide by all supervisory limitations that may accompany my participation.

I understand and agree that neither these Dive Professionals, DEMA, nor any of their respective employers, employees, officers, agents, or assigns (hereafter, "Released Parties") may be held liable or responsible in anyway for any property damage, personal injury, wrongful death or other damages that may occur as a result of participation in this experience or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I also understand that scuba diving is a physically strenuous activity and that if injury results from a heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and will not hold the Released Parties responsible for the same. I understand and agree it is solely my responsibility to evaluate whether I should participate in scuba activities. My decision is based upon knowledge of my mental, physical and emotional abilities and medical history. I understand and agree it is my responsibility to discuss with a physician any questions I have regarding my medical history and participation in this activity.

In consideration of being allowed to participate in this experience, I hereby save and hold harmless Released Parties and assume all risks in connection with this experience for any harm, injury or damage that may occur while I participant in this experience, including all risks connected therewith, whether foreseen or unforeseen.

I understand that the Be A Diver® Pool is designed to provide an introduction to scuba diving in a pool environment and is not intended as a diving certification course. I further understand and agree that I must be thoroughly instructed in the use of scuba in a certification course under the direct supervision of a qualified instructor to become a certified diver.

I/we have read the entire Be A Diver® Pool Responsibility and Risks Explanation & Acknowledgement and understand and agree to the terms and conditions therein. I also understand and agree that this is a binding contract between myself, the Dive Professional, the participating dive facility and DEMA.

I hereby grant permission to DEMA to use my image appearing in any photographs, videotape, motion picture or any other media for any of DEMA's advertising or promotional purposes whatsoever, in perpetuity throughout the world.

**Participant Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

On behalf of the above person, who is a minor, I agree for said minor to be bound by all terms and conditions of the foregoing agreement, including to indemnify and hold harmless all parties as set forth above. I have explained the contents of this form to the Participant and I verify the truth and accuracy of the information set forth above.

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_