



# Bubblemaker Statement

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Secondary Phone (\_\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

How did you hear about us? \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

**To the participant and parent:** Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

- Yes  No I am currently suffering from a cold or congestion.
- Yes  No I have a history of respiratory problems or disease.
- Yes  No I have had asthma, emphysema or tuberculosis.
- Yes  No I currently have an ear infection.
- Yes  No I have recurrent ear problems, ear disease or surgery.
- Yes  No I have a history of sinus problems.
- Yes  No I have had problems equalizing (popping) my ears with airplane or mountain travel.
- Yes  No I am diabetic.
- Yes  No I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).
- Yes  No I have a history of seizures, dizziness or fainting.
- Yes  No I have a nervous system disorder.
- Yes  No I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).
- Yes  No I have recurrent back problems, history of back or spinal surgery.
- Yes  No I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).
- Yes  No I have recently had an operation or illness.
- Yes  No I am under the care of a physician or have a chronic illness.

— over —

# BUBBLEMAKER ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, parent/guardian and \_\_\_\_\_, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly assume the risk of said injuries.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, \_\_\_\_\_, nor International PADI, Inc., 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 my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, and as the parent am providing written consent for the participation of my child.

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, \_\_\_\_\_, PARENT/GUARDIAN AND \_\_\_\_\_,

PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, 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.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (day/month/year)