

SCUBA FUN

Explore, Conserve & Rebuild the ocean with us...

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 —



SCUBAFUN PERSONAL SPORT COACHING SERVICES LICENSE No. 1409012
Landline: 04-2405389 Mobile: 050-2755190 Email: Rjscubafunae@gmail.com



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BUBBLEMAKER STATEMENT OF RISKS AND LIABILITY Please read carefully and fill in all blanks before signing.

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which your child participates in the diving programme at your child's own risk.

Your signature on this statement is required as proof that you and your child have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your child's instructor.

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber and your child will be exposed to these risks. This programme may be conducted at a site which is remote, either by time or distance or both, from such a recompression chamber

Skin and scuba diving are physically strenuous activities and your child will be exerting themselves during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your child's medical history.

EXCLUSION OF LIABILITY

I understand and agree that neither the dive professionals conducting this programme, _____, nor the facility through which this programme is conducted, _____, nor PADI International Ltd., nor PADI Americas, Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, _____, the facility through which this programme is offered, _____, PADI International Ltd., PADI Americas, Inc., and all related entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

_____ Participant Name (Please Print)

_____ Participant Signature

_____ Signature of Parent/Guardian (where applicable)

_____ Date (Day/Month/Year) _____ Date (Day/Month/Year)



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