

HSA INTERNATIONAL

ACTIVITY REGISTRATION FORM

- OPEN WATER SCUBA COURSE ADVANCED SCUBA COURSE DIVE BUDDY COURSE
 INSTRUCTOR COURSE INTRODUCTION TO SCUBA COURSE GUIDED DIVES
 OTHER _____

PARTICIPANT'S NAME _____ BIRTH DATE ____/____/____

FIRST MIDDLE LAST MONTH DAY YEAR

ADDRESS _____

CITY/STATE/PROVINCE _____ POSTAL CODE _____

COUNTRY _____ TELEPHONE _____ EMAIL _____

HEIGHT _____ WEIGHT _____ DISABILITY TYPE _____

HSA INSTRUCTOR NAME _____ HSA INSTRUCTOR # _____

INHERENT HAZARDS & RISKS OF DIVING ACTIVITIES READ & SIGN BEFORE COMPLETING THE HSA LIABILITY RELEASE

To SCUBA DIVE safely you need to know a few basic rules & procedures that are very IMPORTANT because you are in and under the water, in the sun, around hard surfaces, and breathing compressed air. These safety rules and procedures will be covered in detail during your training course.

- a. **Breathe:** This is the first rule, and it is completely up to you. It is very easy, you just breathe all the time, but it is the MOST IMPORTANT thing you will have to do. If you hold your breath you can rupture your lungs, which is VERY SERIOUS! This is called an Air Embolism and it can cause very serious injuries, even death.
- b. **Ears:** Your ears may experience some pressure, or even hurt, when you descend underwater. This is normal, and you have probably already experienced this pressure in your ears if you have dove underwater, flown in an airplane, or driven in the mountains. You must 'equalize' this pressure, if you cannot it can cause damage to your ears and sinuses.
- c. **Sun:** Wear sunscreen, you will burn easier around water, even if it is overcast!
- d. **Thermoregulation:** Have water and shade available to avoid overheating.
- e. **Protective clothing:** Keep your legs and feet covered. The pool and open water environments have hard and abrasive surfaces that can cause abrasions and tissue breakdown for people with reduced circulation.
- f. **Dive Duration:** Because you are breathing compressed air underwater your body fluids and tissues absorb more nitrogen than at sea level. This build-up of nitrogen can cause decompression sickness (DCS). DCS can result in from mild to very serious injuries, even death. To avoid this we have 'no decompression limits' set for the time one can spend at various depths, making it easy to avoid.
- g. **Hard Surfaces:** Place padding, such as an exercise mat or towel, on pool and boat deck surfaces, and on other hard surfaces, to protect the skin, if needed.
- h. **Transfer from your wheelchair:** Be sure to tell those assisting your transfer what method you use, and then have them explain what they intend to do before they assist you. Have them lift your legs (not drag them) at the knee, so that your legs bend naturally. Be sure to tell them if you have poor balance and to provide support until you are stable.
- i. **Ascend:** Swim slowly, 30 feet/minute, to the surface. Do NOT use a Buoyancy Control Device (BCD) to ascend, swim to the surface, when your head breaks the surface, inflate the BCD, and attain positive buoyancy and comfort at the surface BEFORE removing your regulator. Swimming too fast to the surface can cause an Air Embolism, which is very serious.
- j. **Exit the water:** Remove your weights, then Scuba unit. Be sure you have in-water and surface support. Exit the water, with assistance if necessary. Your in-water assistant will support your legs during the exit.
- k. **Recompression Chamber:** A recompression chamber is needed to treat various diving related injuries, primarily Decompression Sickness and Air Embolism.

Participant Name _____ Signature _____ Date _____

Witness Name _____ Signature _____ Date _____

Name of Parent or Guardian _____ Signature _____ Date _____

HSA INTERNATIONAL

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK AGREEMENT

PARTICIPANT'S NAME _____ BIRTH DATE _____ / _____ / _____
FIRST MIDDLE LAST MONTH DAY YEAR

HSA INSTRUCTOR NAME _____ HSA INSTRUCTOR # _____

PLEASE READ CAREFULLY, ASK QUESTIONS IF NECESSARY, AND FILL IN ALL THE BLANKS BEFORE SIGNING.
CAUTION: READ & SIGN 'INHERENT HAZARDS & RISKS OF DIVING ACTIVITIES' BEFORE SIGNING THIS FORM.

I, _____, herby affirm and acknowledge that I am aware of the inherent hazards and risks of Snorkeling, Skin diving and Scuba Diving (hereinafter referred to as 'diving activities'). I fully understand that these risks can lead to severe injury and even death.

I understand that diving with compressed air involves risks of decompression sickness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that these diving activities may be conducted at sites that are remote by time and distance from a recompression chamber. Additionally, I understand that there are also risks involved with dive travel, including, but not limited to, dive boat accidents, and traveling to and from the dive sites. Nevertheless, I choose to proceed with such diving activities and I freely accept and expressly assume all risks, dangers and hazards that may arise from such diving activities which could result in injury, loss of life and property damage to me.

I understand and agree that neither the professional staff of Midwest School of Diving, nor the facility CKRI, nor others _____, nor the Handicapped Scuba Association, nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents or assigns, and volunteers, (hereinafter referred to as 'Released Parties') may be held liable or responsible in any way for the injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in these diving activities, as well as the use of any facilities and the use of equipment, I hereby personally assume all risks in connection with said diving activities, for any harm, injury or damage that may befall me while I am participating, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said diving activities and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in these diving activities including claims arising during or after the diving activities.

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

I hereby declare that I am of legal age and competent to sign this agreement or, if not, that my parent or guardian shall sign on my behalf, and that my parent or guardian is in complete understanding and concurrence with this agreement.

I hereby state and agree that this agreement will be effective for all diving activities in which I participate until revoked in writing by the Released Parties.

I have read and understand this agreement, and agree to be bound by it.

Signature of Participant _____ Date _____ / _____ / _____

Witness Name _____ Signature _____

Name of Parent or Guardian _____ Signature _____

HSA INTERNATIONAL

MEDICAL HISTORY FORM

PARTICIPANT'S NAME _____ BIRTH DATE ____ / ____ / ____
FIRST MIDDLE LAST MONTH DAY YEAR
ADDRESS _____
CITY/STATE/PROVINCE _____ POSTAL CODE _____
COUNTRY _____ TELEPHONE _____ EMAIL _____
HEIGHT _____ WEIGHT _____ DISABILITY TYPE _____
HSA INSTRUCTOR NAME _____ HSA INSTRUCTOR # _____

Medical History Questionnaire

The purpose of this questionnaire is to determine if you should be examined by a doctor prior to participating in a diver-training course. A positive response to a question does not necessarily disqualify you; it simply means you must seek approval from a doctor before engaging in diving activities.

- | | |
|---|---|
| <input type="checkbox"/> Do you take prescription medication? | |
| <input type="checkbox"/> Are you, or could you be, Pregnant?* | |
| <input type="checkbox"/> Are you over 45 years of age? | <input type="checkbox"/> Heart or blood vessel surgery |
| <input type="checkbox"/> Asthma, or wheezing with exercise* | <input type="checkbox"/> High blood pressure medication |
| <input type="checkbox"/> Seizure disorder, epilepsy or convulsions* | <input type="checkbox"/> Pulmonary embolus* |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis | <input type="checkbox"/> Bleeding problems _____ |
| <input type="checkbox"/> Severe hay fever or allergy | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Pneumothorax, collapsed lung* | <input type="checkbox"/> Back problems _____ |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Back or spinal surgery |
| <input type="checkbox"/> Chest surgery | <input type="checkbox"/> History of Surgery, description _____ |
| <input type="checkbox"/> Blackouts | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Ear or sinus problems | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Recurring Headaches or Migraines | <input type="checkbox"/> Head injury with loss of consciousness |
| <input type="checkbox"/> Decompression sickness or diving accident | <input type="checkbox"/> Drug or alcohol treatment in past 5 years |
| <input type="checkbox"/> Behavioral health, mental or psychological
(panic attacks, fear of open/ closed spaces) | <input type="checkbox"/> History of Tracheotomy, why? _____ |
| <input type="checkbox"/> Heart problems* _____ | <input type="checkbox"/> Physical disability
(amputee, paraplegia, etc.) |

PHYSICIAN

This person has applied for training, or is currently certified to engage in the sport of Scuba Diving. Based on a physical examination, your opinion of the applicants Medical Fitness for scuba diving is requested.

Physician's impression:

- I find no Medical conditions that I consider incompatible with Scuba Diving.
 I am UNABLE to recommend this person for Scuba Diving.

Remarks _____

_____, M.D. Date of Medical Exam ____ / ____ / ____
Physician's Signature

Physician Name _____ Telephone _____

Address _____, City _____, State _____, Zip Code _____

Please Fax this Form to Courage Kenny Rehabilitation Institute @ 612-262-6718

PARTICIPANT'S INFORMATION FORM, CONFIDENTIAL

Participant's Name _____ Telephone _____

Address _____ Email _____

City _____ State/Province _____ Postal Code _____

Country _____ Date of Birth ____ / ____ / ____

In case if emergency contact _____ Telephone _____

Are you a swimmer? _____ How long? _____ How well do you swim? Excellent [] Good []

Do you have previous SCUBA diving and/or Snorkeling experience? _____

When? _____ Where? _____ Number of Dives? _____

What is your physical disability? _____

Do you have loss of sensory response (feeling)? _____ Where? _____

Do you use a catheter? _____ What type? Indwelling [] External [] Intermittent [] Other _____

Do you have a bowel program? _____ Have you developed decubiti? _____

Have you experienced Hyperreflexia (Autonomic Dysreflexia)? _____

Have you experienced Orthostatic Hypo-tension (low blood pressure)? _____

Has your respiratory system been affected? _____ Explain _____

Do you have a good cough reflex? _____ Explain _____

Are you able to perspire? _____ Do you have thermoregulation problems? _____

Do you have loss of muscle control in the mouth or lips? _____ Explain _____

Do you have speech impairment? _____ Explain _____

Do you have a hearing loss? _____ Explain _____

Explain any other medical conditions not covered _____

Doctor's Name _____ Telephone _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____

Date ____ / ____ / ____