

Welcome Aboard!

Everyone must complete this file either by typing directly on the .pdf file when it opens up and returning the digital copy of it to the office, or by printing it out, filling in the appropriate blanks and returning it to us at the start of class. If you have questions please call us at (321) 363- 2084.

**This folder is mandatory for participation in any of our water activities.**

Notes: We have highlighted the sections that must be filled out.

- a.) **If you are under the age of 18** it **must** be filled out and signed by a parent or guardian. Please note that it is asking for the **participant's information** other than the small section on the lower part of page 1.
- b.) On page 2 you put the **participant's** name (not Mom or Dad's) in the blank that follows "I".
- c.) On the bottom of page 2 you only need to fill out the 1st section that starts with "I have read this agreement...."
- d.) On page 3 in the Medical History Section, you must write **Y** or **N** and this must be signed by both the participant and the parent or guardian if under the age of 18.

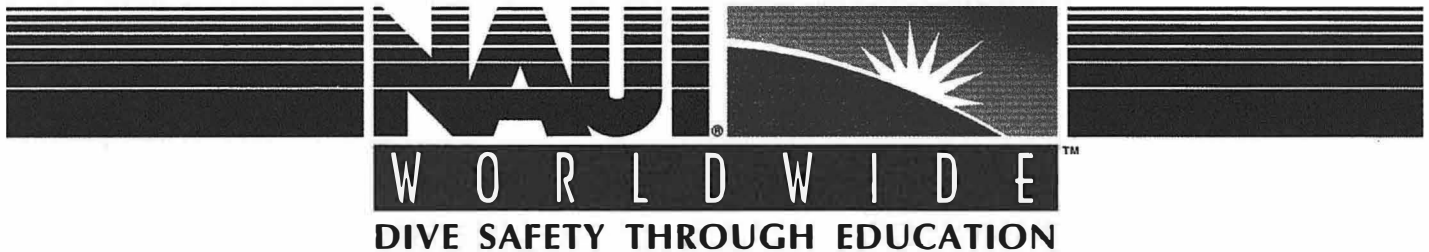
Let me know if you have any questions,

Thank you,

Ranger Rick

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RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES**

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:**

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees): National Association of Underwater Instructors (NAUI):  
(Instructor/s) Ricky Lorimor, David Ross, Todd Rather, Karl Lynch  
(Facility/ies) Ranger Rick's Scuba Adventures, Inc., Rather B Diving Inc., YMCA of Central Florida YMCA, and University of Central Florida  
(Others) \_\_\_\_\_
2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.
4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

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

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.**

Signature Of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_  
Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have. \_\_\_\_\_ Date \_\_\_\_\_  
(Parent Signature if participant is a minor)

**WAIVER REAFFIRMATION**

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.**

Signature Of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_  
Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have. \_\_\_\_\_ Date \_\_\_\_\_  
(Parent Signature if participant is a minor)

**INSTRUCTOR/LEADER CONFIRMATION**

**I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.**

Signature Of Instructor/Leader \_\_\_\_\_ Date \_\_\_\_\_  
(Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history form must be completed for each course.)

"Each student shall be required to complete a medical history form at the beginning of training. The beginning of training is defined as the commencement of in-water training activities. A written release for each student must also be completed at the beginning of training."



Name \_\_\_\_\_

Phone \_\_\_\_\_

**MEDICAL HISTORY INFORMATION FORM**

**MEDICAL HISTORY STATEMENT:** I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

Write Y (yes) or N (no) next to all of the following, and explain under remarks, any yes answers.

<input type="checkbox"/> Behavioral health problems	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Glasses or contact lenses
<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Dental plates
<input type="checkbox"/> Agoraphobia	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Back problems	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Back/spinal surgery	<input type="checkbox"/> Over 40 years old
<input type="checkbox"/> Ear or hearing problem	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Trouble equalizing pressure	<input type="checkbox"/> Ulcers	<input type="checkbox"/> HIV positive
<input type="checkbox"/> Sinus trouble	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Regular medication
<input type="checkbox"/> Severe hay fever	<input type="checkbox"/> Hernia	<input type="checkbox"/> Drug allergies
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Dizziness or fainting	<input type="checkbox"/> Alcohol or drug abuse
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Rejected from any activity for medical reasons
<input type="checkbox"/> Angina	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Any medical condition not listed:
<input type="checkbox"/> Heart surgery	<input type="checkbox"/> Pregnant	Remarks: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Motion Sickness	_____

List all medications you are presently taking: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am a minor and my parent or guardian has signed below.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If at any time during your dive training your medical condition changes notify your NAUI Instructor immediately and complete a new NAUI medical history form for inclusion in your student file.*

**MEDICAL HISTORY REAFFIRMATION**

**I certify that the above information is still correct to the best of my knowledge.**

Signature Of Participant \_\_\_\_\_ Date \_\_\_\_\_

Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_

Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have. \_\_\_\_\_  
Date \_\_\_\_\_

(Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history form must be completed for each course.)

**Student Training and Progress Record**

Course Name	Date completed	Instructor Name	NAUI #
Skin Diver			
Scuba Diver			
Advanced Scuba Diver			
Master Scuba Diver			
Rescue Scuba Diver			
Specialty Diver			
Technical Diver			