

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by Bruce Ellis, Nils Kvalheim and
Instructor

Drouin Secondary College Pool located in the
Facility

city of Drouin, state/province of Victoria.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

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To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury.

You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Y / N Could you be pregnant, or are you attempting to become pregnant?

Y / N Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

Y / N Are you over 45 years of age and can answer YES to one or more of the following?

- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

Y / N Asthma, or wheezing with breathing, or wheezing with exercise?

Y / N Frequent or severe attacks of hayfever or allergy?

Y / N Frequent colds, sinusitis or bronchitis?

Y / N Any form of lung disease?

Y / N Pneumothorax (collapsed lung)?

Y / N Other chest disease or chest surgery?

Y / N Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

Y / N Epilepsy, seizures, convulsions or take medications to prevent them?

Y / N Recurring complicated migraine headaches or take medications to prevent them?

Y / N Blackouts or fainting (full/partial loss of consciousness)?

Y / N Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Y / N Dysentery or dehydration requiring medical intervention?

Y / N Any dive accidents or decompression sickness?

Y / N Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

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Y / N Head injury with loss of consciousness in the past five years?

Y / N Recurrent back problems?

Y / N Back or spinal surgery?

Y / N Diabetes?

Y / N Back, arm or leg problems following surgery, injury or fracture?

Y / N High blood pressure or take medicine to control blood pressure?

Y / N Heart disease?

Y / N Heart attack?

Y / N Angina, heart surgery or blood vessel surgery?

Y / N Sinus surgery?

Y / N Ear disease or surgery, hearing loss or problems with balance?

Y / N Recurrent ear problems?

Y / N Bleeding or other blood disorders?

Y / N Hernia?

Y / N Ulcers or ulcer surgery ?

Y / N A colostomy or ileostomy?

Y / N Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

STUDENT

Please print legibly.

Name _____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City _____ State/Province/Region _____

Country _____ Zip/Postal Code _____
 Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Email _____ FAX _____
 FAX _____

Name and address of your family physician

Physician _____ Clinic/Hospital _____
 Clinic/Hospital _____

Address _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____

Were you ever required to have a physical for diving? Yes No If so, when? _____

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks _____

Physician's Signature or Legal Representative of Medical Practitioner Date _____
Day/Month/Year

Physician _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____



PADI

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

Participant Name

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), Bruce Ellis, Nils Kvalheim, the facility through which

I receive my instruction, Scout Scuba Victoria, nor PADI Americas, Inc., nor its affiliate and

Facility Name

sub-sidiary corporations, nor any of their respective employees, officers, agents, contractors 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 me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program 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 this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

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

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,

Participant Name

Bruce Ellis, Nils Kvalheim, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,

Drouin Secondary College Pool, AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS

Facility Name

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.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (If applicant under 18 years of age)

Date (Day/Month/Year)



Scout Scuba

Victoria

Try Dives

SCOUT SCUBA



VICTORIA

Saturday 24th February 2018

Drouin Secondary College Pool

PLEASE PRINT CLEARLY

*Must Have Email Address

Name _____

Address _____ Postcode _____

Home Phone _____ Mobile _____

Date of Birth(Must Be 12 or Older) _____ Scouting Member Number _____

*Email _____ Male/Female _____

We the undersigned will abide by all Scouting regulations and those of SSV, Instructors & Pool Staff

Applicant Signature _____ Date _____

Parent/Guardian Signature (If applicant under 18 years of age) _____

Scouting Group _____

Circle Appropriate Level Scout Venturer

Please upload to the web site, <https://signup.anythinggoes.net.au> uploadfiles Tab

post to Anything Goes – SCUBA, PO Box 3401, Gippsland Mail Centre, VIC, 3841.

or email applications to admin@anythinggoes.net.au

For any further information please contact Trevor Clark on (mobile) 0408035511 (home) 97444600
or state.scuba@vicscouts.asn.au

NOTE Please bring Bathers, Shorts, TShirt etc to wear in the pool

Office Use Only



SCOUTS AUSTRALIA, Victorian Branch

SPECIAL ACTIVITY PERMISSION FORM

My Son/Daughter has permission to attend and engage in and associated Scouting Activities to be held at.....

.....

From to.....

I agree to meet the expenses of my child being returned home by any officer, servant or agent of the Association accompanying him/her and then returning to the location of the Activity or by collecting my child from the Activity personally. I understand that such an arrangement may be necessary due to illness, injury or if in the opinion of the Leader in charge, there is no co-operation of any description by my child.

In the event of accident or illness I authorise any officer, servant or agent of the Association to obtain on my behalf at my expense such urgent medical assistance, treatment and nursing, hospital and ambulance service as may be considered appropriate by the officers, servants or agents of the Association and (should it be advised by duly qualified medical practitioner that it is necessary) to organise a general anaesthetic. This clause also includes any dental treatment urgently required.

I further agree to pay on demand by the Association all such medical, hospital and other fees and expenses incurred or to be incurred by the Association in such circumstances other than such fees and expenses recoverable under the Policy of Insurance taken out by the Association.

Allergies to any Medication

Date of last Tetanus injection

Medical Health No. (Medicare).....

Member of Private Health Fund No.....

Ambulance Service Subscriber Yes / No

Signed

(Mother, Father, Guardian)

Address

Post Code:.....

Telephone No.

MEMBERSHIP NO.....

Date

IMPORTANT

THIS FORM IS ONLY TO BE USED ONLY WHEN SUPERVISION AND CONTROL OF AN ACTIVITY PASSES TO SOMEONE NOT A MEMBER OF SCOUTS AUSTRALIA

THE FORM WHEN COMPLETED IS TO BE RETAINED BY THE LEADER ORGANISING THE EVENT