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.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur 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), __________________________________________ , the facility through which I receive my instruction, __________________________________________, nor International PADI, Inc., nor its affiliate and subsidiary 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 diving program, and that if I am injured as a result of a 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 document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree 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 unenforceable provision had never been contained herein.

I, __________________________________________ , BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, COLUMBUS SCUBA INC, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, COLUMBUS SCUBA INC., 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.

I HAVE FULLY INFORMED MYSELF 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’s Signature

______________________________

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

______________________________

Date (Day/Month/Year)
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 __________________________ located in the city of_______________________, state/province of_____________________.

Read this statement prior to signing. 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.

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 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.

I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

 Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver’s Physical Examination to take to your physician.

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

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent or severe attacks of hayfever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ Other chest disease or chest surgery?

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

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ Recurring complicated migraine headaches or take medications to prevent them?

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

_____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

_____ Frequent or severe suffering from heart problems?

_____ Frequent or severe suffering from high blood pressure?

_____ Frequent or severe suffering from diabetes mellitus, even if controlled by diet alone?

_____ Frequent or severe suffering from arthritis?

_____ Frequent or severe suffering from diabetes mellitus, even if controlled by diet alone?

_____ Frequent or severe suffering from hypertension?

_____ Frequent or severe suffering from kidney disease?

_____ Frequent or severe suffering from liver disease?

_____ Frequent or severe suffering from high cholesterol?

_____ Frequent or severe suffering from pneumonia?

_____ Frequent or severe suffering from stroke?

_____ Frequent or severe suffering from heart attack?

_____ Frequent or severe suffering from heart disease?

_____ Frequent or severe suffering from heart murmur?

_____ Frequent or severe suffering from stroke?

_____ Frequent or severe suffering from heart valve disease?

_____ Frequent or severe suffering from heart rhythm disorder?

_____ Frequent or severe suffering from heart disease?

_____ Frequent or severe suffering from heart pacing?

_____ Frequent or severe suffering from heart failure?

_____ Frequent or severe suffering from heart bypass surgery?

_____ Frequent or severe suffering from heart transplantation?

_____ Frequent or severe suffering from heart arrhythmia?

_____ Frequent or severe suffering from heart block?

_____ Frequent or severe suffering from heart defect?

_____ Frequent or severe suffering from heart surgery?

_____ Frequent or severe suffering from heart attack?

_____ Frequent or severe suffering from heart disease?

_____ Frequent or severe suffering from heart valve surgery?

_____ Frequent or severe suffering from heart bypass surgery?

_____ Frequent or severe suffering from heart transplantation?

_____ Frequent or severe suffering from heart arrhythmia?

_____ Frequent or severe suffering from heart block?

_____ Frequent or severe suffering from heart defect?

_____ Frequent or severe suffering from heart surgery?

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_____ Frequent or severe suffering from heart disease?

_____ Frequent or severe suffering from heart valve surgery?

_____ Frequent or severe suffering from heart bypass surgery?

_____ Frequent or severe suffering from heart transplantation?

_____ Frequent or severe suffering from heart arrhythmia?

_____ Frequent or severe suffering from heart block?

_____ Frequent or severe suffering from heart defect?

_____ Frequent or severe suffering from heart surgery?
STUDENT

Please print legibly.

Name__________________________________________________________________________    Birth Date ________________   Age ________

First                                            Initial                                                Last                                                                                          Da y/Month/Year

Mailing Address __________________________________________________________________________________________________________

City________________________________________________________________   State/Province/Region ________________________________

Country ____________________________________________________________    Zip/Postal Code _____________________________________

Home Phone (          )________________________________________      Business Phone (          )______________________________________

Email _____________________________________________________     FAX_______________________________________________________

Name and address of your family physician

Physician __________________________________________________     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 ________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________

Date ___________________________   Day/Month/Year

Physician’s Signature or Legal Representative of Medical Practitioner

Physician_____________________________________________    Clinic/Hospital_________________________________________

Address____________________________________________________________________________________________________

Phone (          )___________________________________    Email ________________________________________________________________
Guidelines for Recreational Scuba Diver’s Physical Examination

Instructions to the Physician:
Recreational SCUBA (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The RECREATIONAL SCUBA DIVER’S PHYSICAL EXAMINATION focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual’s medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, Severe Risk implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. Relative Risk refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver’s status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world — DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver’s ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions
• Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
• History of Head Injury with sequelae other than seizure
• Herniated Nucleus Pulposus
• Intracranial Tumor or Aneurysm
• Peripheral Neuropathy
• Multiple Sclerosis
• Trigeminal Neuralgia
• History of spinal cord or brain injury

Temporary Risk Condition
History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions
Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:
• History of seizures other than childhood febrile seizures
• History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
• History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions
The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver’s performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)
Relative Risk Conditions
- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation

Pacemakers
The pathologic process that necessitated should be addressed regarding the diver’s fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?
* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

Severe Risks
Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY
Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitations due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions
- History of Asthma or Reactive Airway Disease (RAD)*
- History of Exercise Induced Bronchospasm (EIB)*
- History of solid, cystic or cavitating lesion*
- Pneumothorax secondary to:
  - Thoracic Surgery
  - Trauma or Pleural Penetration*
  - Previous Overinflation Injury*

- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease*
- Interstitial lung disease: May increase the risk of pneumothorax
* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

Severe Risk Conditions
- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

GASTROINTESTINAL
Temporary Risks
As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions
- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

Relative Risk Conditions
- Inflammatory Bowel Disease
- Functional Bowel Disorders

Severe Risks
Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

Severe Risk Conditions
- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

ORTHOPAEDIC
Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions
- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical
cause of decompression may accelerate/escalate the pro-
gression).

**Temporary Risk Conditions**
- Back pain

**HEMATOLOGICAL**
Abnormalities resulting in altered rheological properties may the-
oretically increase the risk of decompression sickness. Bleeding
disorders could worsen the effects of otic or sinus barotrauma,
and exacerbate the injury associated with inner ear or spinal cord
decompression sickness. Spontaneous bleeding into the joints
(e.g.: in hemophilia) may be difficult to distinguish from decom-
pression illness.

**Relative Risk Conditions**
- Sickle Cell Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

**METABOLIC AND ENDOCRINOLOGICAL**
With the exception of diabetes mellitus, states of altered hormon-
al or metabolic function should be assessed according to their
impact on the individual’s ability to tolerate the moderate exercise
requirement and environmental stress of sport diving. Obesity
may predispose the individual to decompression sickness, can
impair exercise tolerance and is a risk factor for coronary artery
disease.

**Relative Risk Conditions**
- Hormonal Excess or Deficiency
- Obesity
- Renal Insufficiency

**Severe Risk Conditions**
The potentially rapid change in level of consciousness asso-
ciated with hypoglycemia in diabetics on insulin therapy or
certain oral hypoglycemic medications can result in drown-
ing. Diving is therefore generally contraindicated, unless
associated with a specialized program that addresses these
issues.

Pregnancy: The effect of venous emboli formed during
decompression on the fetus has not been thoroughly inves-
tigated. Diving is therefore not recommended during any
stage of pregnancy or for women actively seeking to
become pregnant.

**BEHAVIORAL HEALTH**
Behavioral: The diver’s mental capacity and emotional make-up
are important to safe diving. The student diver must have suffi-
cient learning abilities to grasp information presented to him by
his instructors, be able to safely plan and execute his own dives
and react to changes around him in the underwater environment.
The student’s motivation to learn and his ability to deal with
potentially dangerous situations are also crucial to safe scuba
diving.

**Relative Risk Conditions**
- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

**Severe Risk Conditions**
- Inappropriate motivation to dive – solely to please spouse,
  partner or family member, to prove oneself in the face of
  personal fears
- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

**OTOLARYNGOLOGICAL**
Equalisation of pressure must take place during ascent and
descent between ambient water pressure and the external audi-
tory canal, middle ear and paranasal sinuses. Failure of this to
occur results at least in pain and in the worst case rupture of the
occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The
flexible interfaces between the middle and inner ear, the round
and oval windows are, however, subject to pressure changes.
Previously ruptured but healed round or oval window membranes
are at increased risk of rupture due to failure to equalise pressure
or due to marked overpressurisation during vigorous or explosive
Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow.
The laryngeal and epiglottic structure must function normally to
prevent aspiration.

Mandibular and maxillary function must be capable of allowing
the patient to hold a scuba mouthpiece. Individuals who have
had mid-face fractures may be prone to barotrauma and rupture
of the air filled cavities involved.

**Relative Risk Conditions**
- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impair-
  ment
- Facial nerve paralysis not associated with barotrauma
- Full prosthetodonic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temperomandibular joint dysfunction
- History of round window rupture

**Severe Risk Conditions**
- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngoele
- History of vestibular decompression sickness
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European Underwater and Baromedical Society, www.euubs.org
Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, ____________________________________________________________, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.

2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.

3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.

4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.

5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.

6. Be proficient in dive table usage. Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.

7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.

8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.

9. Use a boat, float or other surface support station, whenever feasible.

10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

__________________________________________________________________________
Participant’s Signature
Date (Day/Month/Year)

__________________________________________________________________________
Signature of Parent or Guardian (where applicable)
Date (Day/Month/Year)