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Welcome to your Scuba Class. The following information will help us prepare for your adventure. Take the time to fill it out completely as your spot in the class is not guaranteed until we have received your completed forms.

Please print clearly, so we can transfer the information accurately to our computer. You can scan or take a picture of the forms and email them to us at info@divingenterprises.com or you may fax them to 540 389-7444.

Once we have received and reviewed the information you will be added to the class roster.

Personal Information:

Name	_____
Address	_____
City, State Zip	_____
eMail	_____
Phone:	_____
Age	Weight
Height	Shirt / Dress size

Training Materials:

You must have started the training materials and have completed at least chapter one before the pool session. There are three choices for your Knowledge Development.

1. eLearning Online. You receive a code that gives you access to all training materials online. All reading, videos, Knowledge Reviews, and quizzes. You proceed at your pace, when and where you want to work on the course. Once done, there is a 25 questions Quick Quiz we will administer to finish up. Once online eLearning is activated, there is no refund.
2. Touch Online. You receive a code that allows you to download the materials to your tablet (Android r iPad only). You do all reading, videos, Knowledge Reviews, and quizzes on your tablet without having to be connected to the internet. You do have to connect to the internet regularly to update your progress. You proceed at your pace, when and where you want to work on the course. Once done, there is a 25 questions Quick Quiz we will administer to finish up. Once Touch eLearning is activated, there is no refund.

3. Traditional Book & DVD learning. You get a crewpack with the manual. We loan you a DVD to watch. You do all reading, watch the DVD videos, and complete the Knowledge Reviews at the end of each chapter at home at your own pace. Then you contact the store to set up an appointment to come in, go over the Knowledge Reviews and take the quizzes and final exam. You may take as many of the quizzes at a time as you wish.

Once the materials have been used, there is no refund.

In all forms of Knowledge Development you must have completed all chapters before finishing your Open Water dives.

Equipment

We will provide the use of the basic SCUBA equipment. This includes regulator, buoyancy compensation device, wetsuit, weights, cylinders, and more.

You have to provide your personal equipment: Mask, fins, snorkel, & boots. You can buy them from us and we will give you a student discount and a Fit & Function Guarantee[®]. If you already have them you may use your own, at least through the pool sessions. You also may choose to rent those items from us.

____ I already have or will purchase my personal equipment prior to the first pool session.

____ I wish to rent these items from Diving Enterprises. I understand fit cannot be guaranteed as it is rental equipment.

____ I plan to purchase these items from Diving Enterprises. I understand I must be fitted and select my equipment and that there will not be time to do so the day of class.

Forms

The following pages include these forms:

- Learning Agreement – (What you need to do and what we need to do to make this course work.)
- Liability Release and Express Assumption Of Risk.
- Standard Safe Diving Practices.
- Medical Statement – To see if you have any medical areas of concern.
 - Please look at the medical form below. Review each question and answer with a “Yes” or “No” only.
 - If all answers are “No” then you are ready.
 - If any answers are “Yes” or if you changed an answer, you will need to get a Doctor’s release for scuba. The form is on our website or we will be glad to send one to you.
 - If you are not sure of your answer, please call us before completing either of the medical forms.

____ I have read the medical form and all questions are answered “No”

____ I have read the medical form and have at least one questions that has a “Yes” answer. I understand I will be required to obtain a Doctor’s release before any in-water sessions.

If you have any questions about these forms please call or email us.

Learning Agreement with Diving Enterprises, Ltd

Welcome to the PADI Open Water Scuba Diver course. We are confident that you will find your dive training both fun and rewarding. To learn and practice important concepts and skills for using life-support equipment underwater, you must invest the time needed to do it. This learning agreement is between you (the student diver) and our instructional staff regarding our mutual responsibilities in this program.

Student Diver Responsibilities

I (student diver) agree to study independently as specified by the instructor. In general, this means that I will:

- Complete the assigned knowledge development portions of the course, eLearning, Touch, or Traditional book learning.
- In addition, I agree to:
 - Follow all course procedures as set forth by my instructor.
 - Ask questions about anything not understood.
 - Be on time and be prepared for each practical session.

If I do not follow the points above, I understand that I may need to reschedule practical sessions, and that I am responsible for any additional costs related to this. In scheduling and determining additional costs, Diving Enterprises, Ltd. agrees to give every reasonable consideration to unforeseen events, such as family emergencies.

Instructor/Staff Responsibilities

The course instructor and staff agree to:

1. Start the class as scheduled.
2. Provide a positive learning environment.
3. Answer your questions to the best of our ability.
4. Assist you through any course challenges.
5. Provide opportunities for as many knowledge development, confined water dives and open water dives as necessary for you to comfortably master course-performance objectives.
6. The course fee is based on an average, and includes all knowledge development assessments, confined water dives and 4 open water dives. Because people learn skills at different rates, the course is student-centered and performance-based, not time-based. Additional sessions may be needed for you to comfortably meet course objectives for certification. There may be additional course fees and session fees necessary if you require extra sessions.

Course Fees And Inclusions:

Included in your course:

1. Appropriate training materials to the method you choose
2. Use of all Scuba equipment including; regulator, buoyancy compensator, wetsuits, weights, and cylinders.
3. Instructional Fees
4. Scheduled pool sessions
5. Scheduled Open Water Training Dives,
6. Use of the basic Scuba equipment as defined by Diving Enterprises.
7. Certification card if open water dives done with Diving Enterprises, Ltd.

Not included with your course:

1. Use of personal gear (mask, fins, snorkel, and boots). These may be purchased (with a discount) or rented if you do not already have your personal equipment.
2. Transportation to dive sites and lodging if required for the site you choose.
3. Entrance fees if you choose to dive at a site with an entrance fee.
4. Meals and incidentals(if needed)

Student Diver Signature _____ Date _____



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 _____ and
Instructor

_____ located in the
Facility

city of _____, state/province of _____.

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.

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.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ 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...

- _____ 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.)?

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.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ 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.

Signature Date Signature of Parent or Guardian Date



STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

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:
(Print Name)

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, and refer to my course materials to stay current and refresh myself on important information.
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. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
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 planning (dive computer or dive table use). 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 – **S**lowly **A**scend **F**rom **E**very 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. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
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)



GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ participant name, 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; 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), _____ instructor(s), the facility through which I receive my instruction, _____ store/resort, nor PADI Americas, 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 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 unenforceable 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, _____ participant name, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ instructor(s), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____ store/resort, AND PADI AMERICAS, 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 AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature _____

Date (Day/Month/Year) _____

Signature of Parent of Guardian (where applicable) _____

Date (Day/Month/Year) _____