

Trip Application

Waiver and Release of Liability



1754 Timberwood Blvd.
Charlottesville, VA 22911
Phone: 434-964-9200
scuba@connect2diving.com
www.connect2diving.com

Full Legal Name: _____ Trip Destination: _____
Address: _____ (As Written on Your Passport) Departure Date: _____
_____ Trip Leader: _____

Date of Birth: _____ T-Shirt Size: _____ Email Address: _____

Phone (Cell) _____ (Home) _____ (Daytime) _____

Please attach copies of the following documents:

Diver Ins. & Travel Assist Card Carrier: _____ Exp Date: _____ Number: _____

Passport Country: _____ Exp Date: _____ Number: _____

Emergency Contact: _____ Relationship: _____

Phone (Home) _____ (Daytime) _____ (Cell) _____

Address: _____

Physician Name: _____ Phone #: _____

Address: _____

Diver Information:

If you are a certified diver, how would you rate yourself? (Beginner/Intermediate/Experienced) _____

Scuba Certification Card Agency: _____ Level: _____ Number: _____

Please indicate the number of dives you have made in the following categories:
Night Dives: _____ Ocean Dives: _____ Wreck Dives: _____ Drift Dives: _____ Below 100': _____

of Logged Dives: _____ Date/Location of last Dive: _____

Waiver and Release of Liability:

I, _____, certify that the statements made regarding my experience and physical condition are correct. I understand that if I plan to go scuba diving on this trip, my acceptance on this trip is predicated on my assurance that I am physically fit to engage in ocean scuba diving and that I fully understand the risks involved and I am prepared to assume such risks. I further agree to hold harmless Dive Connections, Inc. trading as Dive Connections and/or SeaDevil Divers and the trip sponsor, _____, and any officers, directors, employees, subcontractors, or agents of these entities in the event of any diving or other accident or injury that I may incur during the above listed trip. I further understand that the remoteness of the destinations I have chosen to may preclude immediate access to appropriate medical care and/or recompression therapy. I state candidly and without reservations that I am willing to assume complete responsibility for all risks encountered during this trip. My signature or the signature of my parents/legal guardians if I am under the age of maturity attests to my understanding and agreement to the above assumptions of risk, and also to the statement of terms and conditions listed on the back of this page which I have read and initialed.

Signed _____ Date: _____

Parents/Guardians (if applicable): We, the parents of the above indicated minor, hereby agree and affirm as guardians on behalf of the aforementioned minor that the release shall be binding in all of it's terms.

We further agree that either one of us or our guardian designee listed below shall have our joint and individual permission to travel with the aforementioned minor with respects to this trip even where that travel is beyond to borders of the United States.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Guardian Designee: _____ Date of Birth: _____

(Continued on Reverse Side)

Trip Application Addendum

General Information & Policy Statement

Reservation Policy: A completed application and a minimum deposit of \$ _____ is necessary at time of booking to guarantee your spot on the trip. Full payment must be paid at least 60 days prior to departure or unless otherwise stated. Failure to make payment with due will result in your reservation being canceled. Bookings made within 30 days of departure may be assessed additional fees for administrative costs and rates are not guaranteed.

Read & Accepted by Initials: _____

All Trip Payments are Non-Refundable: When a trip is reserved by the applicant, it is removed from the trip inventory and no attempt is made to sell that space. Many destinations require certain group size to guarantee certain services and/or rates. For this reason all trip deposits are non-refundable. Once any payment including the final payment is made, they too are non-refundable. We strongly recommend that trip participants obtain trip cancellation and interruption insurance in the event of a forced or unforeseen trip cancellation.

Read & Accepted by Initials: _____

Trip Modifications: Dive Connections, Inc., SeaDevil Divers and the trip sponsors reserve the right to modify the trip program and/or change the price for any reason. In the event of a price change, the applicant shall have the right to cancel with full refund.

Read & Accepted by Initials: _____

Responsibility: Dive Connections, Inc., SeaDevil Divers, the trip sponsor, their directors, employees and agents, and the trip leader (collectively referred to as "the parties hereto") are independent of and have no business association, partnership, joint venture ownership, or otherwise with any airline, resort, hotel, carrier, boat operator, or other person or firm providing any service or facility in connections with this travel program. It is expressly understood as agreed that the parties hereto assume no responsibility or liability for service, transportation, or equipment made available by any airline, resort, hotel, carrier, boat operator, or other person or entity, either as to its availability or as to its safety, quality, or condition, nor for the acts of any employee or agent of such establishment, firm or entity. It is also understood and agreed that the parties hereto do not, by acceptance of this applicant assume any responsibility or liability for the safety of any participating individual, particularly when such individual is engaged in underwater activities, whether alone or in groups, under the supervision of the trip leader, or otherwise. Further the parties hereto cannot verify the ability or suitability to scuba dive of any trip participant, and therefore cannot guarantee that the trip participant will be allowed to dive by the dive operator.

Read & Accepted by Initials: _____

It is expressly understood that the trip leader is acting only in the capacity of trip facilitator or escort. Although the trip leader may or may not be a certified scuba instructor or divemaster, and will give freely of his or her diving knowledge and experience, the trip leader is not acting as an instructor or divemaster unless specifically noted by a separate agreement

Read & Accepted by Initials: _____

Release: The applicant and where applicable, the undersigned parents or guardians of the applicant hereby release and absolve the parties hereto from any and all liabilities for property loss of damage, and/or from any and all damages resulting from death or personal injuries including loss of services arising out of, or in conjunction with applicant's chosen travel program, whether resulting from negligence of anyone in charge of, or participating in said travel program or from ownership, maintenance, use, operation or control of any automobile, ship, airplane, bicycle, boat vehicle, inn, hotel, common carrier, or otherwise.

Read & Accepted by Initials: _____

Substitution/Cancellation: It is understood and agreed that the remoteness of the area, new local government regulation, customs, prevailing weather conditions, or any other factors may cause substitution of facilities and/or equipment, minor inconvenience or modification of the travel itinerary. The parties hereto reserve the right to modify or cancel diving arrangements due to unfavorable weather conditions or for any other reason that may affect the safety of the group, and to substitute facilities or equipment if necessary. No refunds can be made for arrangements canceled due to adverse weather, mechanical failure, or for substitution of facilities and/or equipment of for minor inconvenience. Unused portions of trips are non-refundable. Participants denied scuba privileges for any reason whatsoever by the trip leader, boat captain, divemaster or dive operator, including improper documentation of certification, will receive no refunds.

Read & Accepted by Initials: _____



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Continuing Education Administrative Document

Please read carefully and fill in all blanks before signing.

MEDICAL STATEMENT – Participant Record, (Confidential Information)

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.

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. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately. 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

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.

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.

- _____ 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?
 - are currently receiving medical care
 - have a high cholesterol level
 - have a family history of heart attack or stroke

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?



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.

- | | |
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| _____ Blackouts or fainting (full/partial loss of consciousness)? | _____ High blood pressure or take medicine to control blood pressure? |
| _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | _____ Heart disease? |
| _____ Dysentery or dehydration requiring medical intervention? | _____ Heart attack? |
| _____ Any dive accidents or decompression sickness? | _____ Angina, heart surgery or blood vessel surgery? |
| _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? | _____ Sinus surgery? |
| _____ Head injury with loss of consciousness in the past five years? | _____ Ear disease or surgery, hearing loss or problems with balance? |
| _____ Recurrent back problems? | _____ Recurrent ear problems? |
| _____ Back or spinal surgery? | _____ Bleeding or other blood disorders? |
| _____ Diabetes? | _____ Hernia? |
| _____ Back, arm or leg problems following surgery, injury or fracture? | _____ 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 affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in scuba programs. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition, or any changes thereto.



Continuing Education Administrative Document

Standard Safe Diving Practices Statement of Understanding

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, _____ participant name _____, 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, 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 – 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. 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.

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.

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