



Reviewed by: _____
SNUBA Guide Name

SNUBA® Participant Record and Liability Release

Name: _____ Birth Date: ____/____/____
(print full name) (day / month / year)

Address: _____
(print complete address) (zip or country code)

Phone Number: () _____ E-mail: _____

Contact in case of Emergency : _____
(print full name)

Emergency Contact Phone Number: () _____

Please answer the following questions on your past or present medical history with a YES or NO. A positive response does not necessarily disqualify you from the SNUBA Adventure. Be honest with your responses. Do not put your health at risk.

- ____ Are you more than 3 months pregnant?
- ____ Do you have a history of heart attacks or strokes?
- ____ Do you have asthma or wheezing with breathing or exercise?
- ____ Do you currently have a cold, sinusitis, or bronchitis?
- ____ Do you have any form of lung disease?
- ____ Do you have epilepsy, seizures, convulsions, or take medications to prevent them?
- ____ Do you have a history of blackouts or fainting?
- ____ Have you ever had a diving accident or decompression sickness?
- ____ Do you have high blood pressure or take medicine to control it?
- ____ Do you have a history of heart disease or heart attacks?
- ____ Have you ever had heart surgery, angina, or blood vessel surgery?
- ____ Do you have a history of bleeding or blood disorders?
- ____ Do you have any history of diabetes affecting your ability to participate in a strenuous activity?
- ____ Are you currently under the influence of drugs or alcohol?
- ____ Do you have a history of ear or sinus surgery?
- ____ Do you have a history of ear disease, hearing loss, or problems with balance?
- ____ Do you have problems equalizing (popping) ears with airplane or mountain travel?

If you have answered Yes to any of the above questions, you must be cleared to SNUBA dive by a physician.

I, _____ (print full name), verify that a physician is aware of my current medical status and medical history and has cleared and released me to swim, snorkel or dive. I also verify that the information I have provided about my medical history is accurate to the best of my knowledge. I agree that I will not fly for 4 hours after completing the SNUBA Adventure.

Signed: _____ Date: _____

REVIEW / SIGN REVERSE SIDE





SNUBA® LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

I, _____ (print full name), understand the purpose of signing this document is to exempt and hold harmless my SNUBA Guide, the SNUBA Licensee or operator, SNUBA International, Inc., or any of the respective employers, officers, agents or assigns of the SNUBA operator or manufacturer (hereafter referred to as "Released Parties"), from any and all liabilities arising out of my participation in this SNUBA Adventure, or any other acts or omissions on their part, including but not limited to negligence.

I hereby affirm that I have been advised and informed of the inherent hazards of SNUBA diving including, but not limited to, dangers associated with breath-holding, rapid ascents, lung over-expansion, and other risks associated with diving, including water-related injuries such as death by drowning. I understand that such injuries may require treatment in a recompression chamber, but the SNUBA Adventure may take place at a site too far from a recompression chamber in distance or time for treatment to be rendered to me. I still choose to proceed in such excursions despite the inherent risks in this activity and the possible absence of a recompression chamber in proximity to the dive site.

I also understand that SNUBA diving can be a physically strenuous activity and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same. I understand that the Released Parties may not be held liable or responsible in any way for any injury, death, or other damage to me or my family heirs, or assigns, that may occur as a result of my participation in the SNUBA Adventure or as a result of the negligence of any party, including the Released Parties, whether passive or active, or as a result of product defect or failure of any sort.

In consideration of being allowed to participate in this program, I hereby save and hold harmless said program and I personally assume all risks in connection with said program, for any harm, injury or damage that may befall me while I am a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

I understand that SNUBA Adventure is designed to provide me with a safe introduction to breathing underwater with guided supervision. This program is not intended to train me as a competent or independent diver. I further understand and agree that I must be thoroughly instructed in a certification course under direct supervision of a qualified instructor to become a certified, competent diver.

I understand that the terms herein are contractual and not mere recital; and that I have signed this document of my own free act.

I hereby agree that any claims related to this agreement or my participation in the SNUBA Adventure will be adjudicated solely in the courts of the State of California, and that such claims will be decided subject to the application of California and/or United States federal law.

I understand that if any portion of this Liability Release and Express Assumption of Risk agreement is found to be invalid or inapplicable by a Court of competent jurisdiction, that portion shall be severed and the balance of the agreement remain in full force and effect.

I ACKNOWLEDGE THAT I HAVE ALSO READ, HAD EXPLAINED TO ME, AND UNDERSTAND THE SNUBA MEDICAL STATEMENT BEFORE SIGNING IT. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE AND COMPLETE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT IN ITS ENTIRETY BEFORE SIGNING IT ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES. IT IS MY INTENTION BY SIGNING THIS AGREEMENT TO GIVE UP MY RIGHT TO SUE THE RELEASED PARTIES AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES, AND I HEREBY ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION IN THE SNUBA ADVENTURE.

SNUBA International may use photographs or videos of my SNUBA experience strictly for promotional purposes. If you are not in agreement with said use, indicate by checking the following box: Do not use my images for promotional purposes.

Signature of Participant _____ **Date** ____/____/____

Signature of Parent or Legal Guardian _____
(Must be signed for participants under 18 years of age)