

www.ScubaNashville.com

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615-955-3483

Step 1. Read and fill out the attached ⁽¹⁾Liability, ⁽²⁾Medical Statement, and ⁽³⁾Terms forms. We must receive your three completed forms before you may submit your request to attend a pool session.

Step 2. Create your online profile and start your eLearning. Please let us know when you have completed your online classroom and passed your final exam. You will need to schedule a time for us to review your incorrect answers with you over the phone or in person. We must review your final exam before you may attend any in-water training.

Step 3. Use the [ROSTER](#) link on our Scuba Nashville website to submit your request to be added to the pool roster. You may hold your spot on the Roster once we receive your required forms. No spots are confirmed until we have reviewed your final exam. All non-confirmed students will be removed from roster 2 days prior to scheduled date.

Step 4. Purchase your mask and fins for your second pool session. All scuba gear is included for your first session. You should have your own mask and fins before your second session. We sell a full line of all scuba gear. You may try on and use our masks during your first pool session.

We offer scuba gear at discounted prices to our students.



**Buy our cool SCUBA T-shirts and you're member of the best dive club in the world.
Purchase online Long sleeved shirts \$20, Short sleeved \$15
Call or email for additional color options.**



www.ScubaNashville.com

315 W Main St. Hendersonville TN, 37075

615-955-4383

***If you answer **YES** to any question you will need to have your doctor fill out and sign the second page before you may participate in pool training.**

Please complete the Medical and Liability forms before you attend your pool training session.

You must answer all the medical questions with the word "NO" or "YES".

If you answer "NO" to all the questions, you will only need to fill out the medical questions.

You will not need a physician's signature unless you answer "YES" to any of the medical questions.

***If you answer **YES** to any question you will need to have your doctor fill out and sign the second page before you may participate in pool training.**

Bring both the liability and the medical forms to the pool session. You will not need a physician's signature unless you answer "YES" to any of the medical questions.

You should have your own mask and fins before your second pool sessions.



\$224.26	Regulator AC2 Compact	
\$379.86	Regulator MC9-SC / COMPACT PRO	
\$109.84	OCTOPUS COMPACT PRO	
\$346.60 Computer \$216.02 Gauge with compass	*Computer Console  Donatello \$346.60	Console CPD3  Compass + Pressure + Depth \$216.02
* 		
Aquaride Blue Pro \$343.25 My Choice.	Travellight \$329.52 Paula's Choice	Mask & Fins Students Specials

***** **My Choices are marked with stars.**
 Call for details. Prices subject to change.
These are secret NON Advertised prices.



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

Please print legibly.

Name _____ Birth Date _____ Age _____
First Initial Last Day/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 You do not need to fill out below unless you answered "YES" to any question.

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 _____

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

Physician _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____



Non-Agency Disclosure and Acknowledgment Agreement

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

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

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

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), _____, 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 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.

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, _____,
THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____, 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.

Participant's Signature

Date (Day / Month / Year)

Signature of Parent or Guardian (where applicable)

Date (Day / Month / Year)

Terms and Conditions

Required Skills

SCUBA Nashville's Instructors, Divemasters, and staff will make every effort to help you learn the required skills for your certification. We want you to become a safe comfortable happy diver. Training skill requirements are performance based. Your instructor must be satisfied that you can safely, repeatedly, and comfortably perform the required skills for your certification. Your course fee and payments or any unused portion are nonrefundable. Any student who requires personalized one-on-one instruction with a Divemaster or Instructor to complete the training must pay an additional fee for private sessions, or addition pool fees. Private pool training or check-out dives cost \$200 for 1 or 2 students per session, add \$25 per person for each additional student. A list of the required skills is available on our website.

You have one year to complete your course from the time the course was purchased. All payments expire one year from date of purchase. Diver must schedule pool training sessions within 60 days of each session. Divers must complete the open water checkout dives within 60 days after completing their pool training. If you wait longer than 60 days between pool training sessions or check-out dives, you will be required to take a \$99 pool refresher to continue your training.

Required Equipment <http://scubanashville.com/dive-gear/>

You are required to at a minimum to have your own mask, fins, and snorkel set for your check-out dives. We provide mask and fins for your first pool session. You should have your own mask and fins for your second pool session. You may try our masks in the pool before you buy one. We discourage purchasing from online due to not all gear is proper for diving and it is best to try on your own mask. We sell gear to our students at a great discount, and we will beat or match most internet prices.

Medical Information <http://scubanashville.com/documents/>

Prior to activating your eLearning code, please carefully read and complete the Medical Questionnaire. If you answer YES to one or more of the questions, you will be required to obtain a physician's release before being allowed to participate in the confined water (pool) sessions.

We must receive your completed medical and liability forms before you begin your in-water training.

Students under age 18 A parent or legal guardian must cosign all course documents, forms and releases. A parent or legal guardian must be onsite during the confined water (pool) training and open water dives.

Minimum Age 10 Years old. (Junior Certification)

Student divers who are younger than 15 may earn their Junior Open Water Diver certification, which they may upgrade to Open Water Diver certification upon reaching 15.

A parent or guardian must take course with students under 13 years of age.

Reschedule & No-Show Fee

You may reschedule as often as is necessary. If you need to reschedule, please notify us by email at least 24 hours before your scheduled session. There will be a NO-Show/Failure to Notify fee of \$25 for each classroom missed, and a \$50/\$100 NO-Show/Failure to Notify fee for not showing up or failing to notify us within 24 hours of your pool or quarry session.

First No-Show/Failure to Notify results in \$50 fee. **Second** No-Show/Failure to Notify results in \$100 fee. **Third** No-Show/Failure to Notify results in cancelation of course and forfeiture of all paid fees.

No Show fees must be paid before your next session.

Our pool sessions fill up a week or two in advance. Please don't wait until the last minute to complete your training. Allow time for rescheduling due to weather, health, full rosters or other issues. Some students may require more than 2 pool sessions. We will make every effort to get you certified. Scuba Certification is not guaranteed. Your SCUBA Lessons payments and fees are nonrefundable.

Please sign and date acknowledging that you understand and agree to these terms.

Print Name: _____

Signature: _____

Date: _____