www.ScubaNashville.com
315 W Main St. Hendersonville TN,
37075 615-955-3483

If you answer YES to any medical 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 physician 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.

Facility Name: Scuba Nashville.
Instructor: You may leave instructor name blank
Witness signature is required on the last line of liability form.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND EXPRESS ASSUMPTION OF RISK AGREEMENT

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING THIS RELEASE

LIABILITY Page 2

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH SNORKELING, APNEA DIVING, SCUBA DIVING, FIRST AID, AND RELATED ACTIVITIES

I,_____ **(PRINT PARTICIPANT LEGAL NAME)** hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Apnea Diving, SCUBA Diving, First Aid, and instruction related thereto ("Diving Activities"). I fully understand that these hazards and risks can lead to severe injury and even loss of life. I understand that Snorkeling, Apnea Diving, SCUBA Diving, and First Aid activities may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also hazards and risks associated with Snorkeling, Apnea Diving, SCUBA Diving, First Aid, and related travel, including, but not limited to the possible injury or loss of life as a result of a vessel accident, being hit by a vessel while in or under the water, while boarding, disembarking, exiting and/or re-boarding the vessel to begin or end diving activities, equipment failure, user error, as well as during travel to and from dive sites. Despite the potential hazards and risks associated with Snorkeling, Apnea Diving SCUBA Diving, First Aid activities, and related activities which can include but are not limited to, aquatic life encounters, currents, waves, barotraumas (pressure change related injuries), sudden loss of visibility, entrapment underwater in wrecks, caves, vegetation, fishing line, fishing nets or debris, I wish to proceed and I freely accept and expressly assume all hazards and risks, that may arise from Snorkeling, Apnea Diving, SCUBA Diving, First Aid activities, and related activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY AND WAIVER OF CLAIMS AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Apnea Diving, SCUBA Diving, and First Aid activities as well as the use of any of the facilities and the use of the equipment of the below listed persons or entities, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereinafter referred to as Releasees); National Association of Underwater Instructors, Inc. (NAUI) and subsidiary companies:

   (Instructor/s and Leader/s)_____

   (Facility/ies)_____

   (Others)_____
2. To release the Releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Apnea Diving, SCUBA Diving, First Aid activities, and related activities whether caused by active or passive negligence of the Releasees or otherwise with the exception of gross negligence. By executing this Agreement, I agree to hold the Releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Apnea Diving, SCUBA Diving, and First Aid activities and/or instruction, and any and all future courses of instruction, programs and Snorkeling, Apnea Diving, SCUBA Diving, and First Aid related travel I undertake.
3. I fully understand that Snorkeling, Apnea Diving, SCUBA Diving, and First Aid related activities are physically strenuous and I will be exerting myself during this course of instruction. I understand and agree that if I am injured or killed as a result of heart attack, panic, hyperventilation, oxygen toxicity, hypoxia, narcosis, aquatic life encounters, drowning or any other cause, that I expressly assume the risk of these injuries and/or attended death and that I will not hold the Releasees included in this Agreement responsible in any other way.
4. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida, United States of America.
5. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that portion shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable portion had never been contained in the Agreement. The English language version of this document shall be controlling in all respects and shall prevail in case of any inconsistencies with translated versions.

I fully understand that the terms of this Agreement are contractual in nature and not a mere recital. I further state by way of my signature I have signed this Agreement of my own free act. I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant: _____ Date: _____

Witness (Printed Name): _____ Witness Signature: _____

Signature of Parent **OR** Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent **OR** Guardian: _____ Date: _____

INSTRUCTOR/LEADER CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature of Instructor/Leader:_____ Date: _____

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are some medical conditions which can be hazardous while diving. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving (breathhold diving). This form is principally designed as an initial medical screen for new divers, but is also appropriate for those considering any diving activity. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.
If you answer NO to all 10 questions below, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.
*** If you answer YES** to questions 3, 5 or 10 below **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Medical evaluation is required.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive.*

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to box **A**	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box **B**	No ☐
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), or I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses or teeth.	Yes ☐ Go to box **C**	No ☐
5	I have had surgery within the last 12 months, or I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease. I have a condition where sudden neurological compromise/impairment is possible.	Yes ☐ Go to box **D**	No ☐
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes ☐ Go to box **E**	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☐
10	I am currently taking one or more prescription medications. (Note: this need not include birth control, menopausal hormone replacement, and antimalarial medication unless it is mefloquine [Lariam]).	Yes ☐*	No ☐

Participant Signature

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, or am taking medication for any heart condition.	Yes ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, or have been diagnosed with emphysema.	Yes ☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ☐

BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, or have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐*	No ☐

BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐
Still healing / recovering from recent dental / oral procedure	Yes ☐*	No ☐

BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease, to include episodic and/or unpredictable loss, reduction, or change in neurological, cognitive, or motor function or performance.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, or take medications to prevent them.	Yes ☐*	No ☐

BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental, or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, either drug or diet controlled, or gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

*Physician's medical evaluation required (see page 1).

Diver Medical | Medical Examiner's Evaluation Form

Participant Name (Print) **Birthdate** Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

(Note that the presence of any additional commentary on this form could invalidate it for some agencies or organizations.)

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone **Email**

Physician/Clinic Stamp (optional)

Created by the Diver Medical Screen Committee in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

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

New Students Special

20% Off Dive Gear

Receive discount on your first gear purchase.

You may use discount to purchase your required mask and fins.

New Student discount expires 2 weeks after your first pool session.

$429.86	**Regulator** **MC9-SC / COMPACT PRO**	
$129.84	**OCTOPUS** **COMPACT PRO**	

		
Aquaride Blue Pro $443.25 My Choice.	Travellight $454.95 Paula's Choice	**Mask & Fins Students Specials**

Call for details. Prices subject to change.

These are secret NON Advertised prices.

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 per session +$25 per person. A list of the required skills is available on our website.

You have one year to complete your course from the time the course is 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 pay for a $100 start over/refresher fee 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:_____