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Discover Diving Registration Form

Student Information

| | | |
|-----------------------------|---------------------------|---------------------------|
| Name: Last name, First name | | |
| Email Address: | | |
| Age*: | Date of Birth: YYYY/MM/DD | Gender: Female/Male/Other |
| Address: | | |
| City: | State/Province: | Country: |

*If you are under 18 years of age, your parent or legal guardian must sign the appropriate field at the end of this document.

Emergency Contact

| | |
|------------------|---------------|
| Name: | Relationship: |
| Phone Number(s): | |

Course Information

| | |
|-------------------------|-------------|
| Course Date: YYYY/MM/DD | Instructor: |
| Course Location: | |

Important

This document includes information about the potential risks of scuba diving. During the Discover Diving program you will learn important techniques and safety rules which must always be followed. Scuba diving can result in serious injury or death. This training requires that you are always under the direct supervision of a qualified Global Underwater Explorers (GUE) Instructor.

Medical Questionnaire

Diving can be strenuous, so you must be reasonably fit and not extremely overweight, with good respiratory and circulatory health. Air spaces such as sinus cavities, lungs, and ears must be normal and healthy. Unhealthy individuals, including those with heart trouble and major or minor medical problems such as congestion, epilepsy, asthma, or other conditions, or who are under the influence of alcohol or drugs, should not dive. Consult your doctor before participating in this program if you are taking any prescriptions or have any medical condition. A positive response to any question below does not disqualify you from diving, but does mean that there is a pre-existing condition which might affect your safety while diving.

Please answer the following questions with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, you must consult a physician prior to participating in scuba diving. Your GUE instructor can support you with the documents which must be signed by your physician.

| YES | NO | Question |
|-----|----|--|
| | | Do you currently have an ear infection? |
| | | Do you have a history of ear disease, hearing loss, or problems with balance? |
| | | Do you have a history of ear or sinus surgery? |
| | | Are you currently suffering from a cold, congestion, sinusitis, or bronchitis? |
| | | Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease? |
| | | Have you had a collapsed lung (pneumothorax) or history of chest surgery? |
| | | Do you have active asthma or a history of emphysema or tuberculosis? |
| | | Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities? |
| | | Do you have behavioral health, mental or psychological problems, or a nervous system disorder? |
| | | Are you or could you be pregnant? |
| | | Do you have a history of colostomy? |
| | | Do you have a history of heart disease or heart attack, heart surgery, or blood vessel surgery? |
| | | Do you have a history of high blood pressure, angina, or take medication to control blood pressure? |
| | | Are you over 45 and have a family history of heart attack or stroke? |
| | | Do you have a history of bleeding or other blood disorders? |
| | | Do you have a history of diabetes or are you currently diabetic? |
| | | Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them? |
| | | Do you have a history of back, arm, or leg problems following an injury, fracture, or surgery? |
| | | Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)? |

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that GUE Representatives ("Representatives"), including _____ Name of instructor _____ and/or any individual GUE Instructors and Instructor Assistants associated with the program in which I am participating, are licensed to use various GUE Trademarks and to conduct GUE training, but are not agents, employees, or franchisees of GUE. I further understand that Representative business activities are independent, and are neither owned nor operated by GUE, and that while GUE establishes the standards for GUE diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Representatives' business activities and the day-to-day conduct of GUE programs and supervision of divers by the Representatives 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 GUE liable for the actions, inactions, or negligence of _____ Name of instructor _____ and/or the GUE Instructors and Instructor Assistants associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ Participant name _____, hereby affirm that I am aware that skin diving 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 decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber.

I further understand that this program may be conducted at a site that is remote, either by time, distance, or both, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber or medical facility in proximity to the dive site. The information I have provided about my medical history on the Medical Questionnaire 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 conditions.

I understand and agree that neither the dive professionals conducting this program, nor the facility through which this program is offered, _____ Name of dive shop/facility _____, GUE, nor its affiliates, nor any of their respective employees, officers, agents, 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 program or as a result of the negligence of the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks for any harm, injury, or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the knowledge development, confined water, and/or open water activities.

I further release and hold harmless the Discover Diving program and the Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my participation in this program. I further 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, etc., 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 and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian.

I understand that 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 that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ Participant name _____, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS PROGRAM, THE FACILITY THROUGH WHICH THE PROGRAM IS CONDUCTED, GLOBAL UNDERWATER EXPLORERS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES 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 OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

FURTHERMORE, I UNDERSTAND THIS DISCOVER DIVING PROGRAM DOES NOT QUALIFY ME TO USE SCUBA OR TO SCUBA DIVE UNLESS UNDER THE DIRECT SUPERVISION OF A GUE INSTRUCTOR.

Participant Signature

Date (YYYY/MM/DD)

Parent/Legal Guardian Name

Date (YYYY/MM/DD)

Parent/Legal Guardian Signature