

SNUBA[®]

Participant Record and Liability Release

Reviewed by:

(SNUBA[®] Guide Name)

Name (complete): _____ Birth Date: ____/____/____
(Month/Day/Year)

Street Address: _____

City: _____ State/Country: _____ Zip Code: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Emergency Number: _____

Please answer the following questions on your past or present medical history with a YES or NO.

If you answer yes, you will not be able to participate.

Be honest with your responses. Do not put your health at risk.

- _____ Are you pregnant or do you believe to be pregnant?
- _____ Do you have a history of heart attacks, strokes or heart disease?
- _____ Have you ever had heart surgery, angina or blood vessel surgery?
- _____ Do you have asthma ***and*** are currently using an inhaler?
- _____ Are you currently under the influence of mind-altering drugs or alcohol?
- _____ Do you have any form of lung disease?
- _____ Do you have epilepsy, seizures or convulsions or take medications to prevent them?

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 SNUBA. ***Be honest with your responses. Do not put your health at risk.***

- _____ Do you have a history of blackouts or fainting?
- _____ Do you currently have a head cold (*congestion*), sinusitis or bronchitis?
- _____ Do you have a history of diabetes affecting your ability to participate in a strenuous activity?
- _____ Do you have a history of asthma or wheezing with breathing or exercise?
- _____ Have you ever had a diving accident or decompression sickness?
- _____ Do you have high blood pressure or take medicine to control it?
- _____ Are you taking any prescription medication at this time?
- _____ Do you have a history of bleeding or blood disorders?
- _____ 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 (*clearing*) 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 and complete and I have not concealed or misrepresented anything. I agree that I will not fly for 4 hours after completing the SNUBA adventure.

Signature of Participant: _____ Date: ____/____/____
(Month/Day/Year)

Signature of Parent or Legal Guardian: _____

(SI01Rev 10/13) (If participant is under 18 years old)