



SNUBA ADVENTURE Participant Record and Liability Release

Name: _____
(print full name)

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

Phone Number: () _____ Birthdate: ____/____/____

Contact in case of Emergency : _____

Phone: _____ e-mail Address: _____

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.

- ____ Are you more than 3 months pregnant?
- ____ Do you have a family 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?
- ____ Have you ever had chest surgery?
- ____ 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 a history of any type of hernia or ulcers?
- ____ Do you have a history of drug or alcohol abuse?
- ____ 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, _____, 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.



Signed: _____ Date: _____

REVIEW / SIGN REVERSE SIDE





SNUBA ADVENTURE LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

I, (Participant Name) _____ hereby affirm that I have been advised and informed of the inherent hazards of Snuba diving. I understand that Snuba utilizes compressed air which involves certain inherent risks; decompression sickness, embolism or any hyperbaric injuries can occur which require treatment in a recompression chamber. I further understand that the Snuba Adventure may take place at a site too far from a recompression chamber in distance or time. I still choose to proceed in such excursions in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand that neither my Snuba Guide, the Snuba 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) may 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 enroll 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 enrolled as a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that Snuba diving can be a physically strenuous activity and that I will be exerting myself during these Excursions, 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 Snuba Adventure is designed to provide me with a safe introduction to breathing underwater. This program is not intended to train me as a competent 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 further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the consent of my parent or legal guardian. 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 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.

BY THIS DOCUMENT I AGREE TO EXEMPT AND RELEASE MY SNUBA GUIDE AND ALL 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 OR AS A RESULT OF PRODUCT DEFECT OR FAILURE OF ANY SORT.

I ACKNOWLEDGE THAT I HAVE ALSO READ, HAD EXPLAINED TO ME, AND UNDERSTAND THE SNUBA MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

I HAVE READ THIS RELEASE AND ACKNOWLEDGE THAT ANY LAWSUIT BROUGHT BY ME OR MY PERSONAL REPRESENTATIVE AGAINST ANY RELEASED PARTY WILL BE DISMISSED WITHOUT TRIAL BECAUSE I HAVE SIGNED IT.

Snuba International may use photographs or videos of your 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)