



TRIP DESTINATION \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

T-SHIRT SIZE        XS    S    M    L    XL    XXL    XXXL

NAME AS IT APPEARS ON PASSPORT \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ COUNTRY OF ISSUE \_\_\_\_\_

DATE OF ISSUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ARE YOU A CERTIFIED DIVER?        YES        NO

DATE OF CERTIFICATION \_\_\_\_\_ CERTIFYING AGENCY \_\_\_\_\_

CERTIFICATION NUMBER \_\_\_\_\_ CERTIFICATION LEVEL \_\_\_\_\_

NUMBER OF DIVES \_\_\_\_\_ DATE OF LAST DIVE \_\_\_\_\_

DOES YOUR LOG BOOK VERIFY THE NUMBER OF AND DATES OF THE DIVES?    YES    NO

SPECIAL MEALS OR OTHER REQUIREMENTS  
\_\_\_\_\_

FREQUENT FLYER NUMBER \_\_\_\_\_ AIRLINE \_\_\_\_\_

SEAT PREFERENCE    AISLE    MIDDLE    WINDOW    SMOKER        YES    NO

**TRIP CANCELLATION POLICY: IF YOU CANCEL, YOUR MONEY WILL NOT BE REFUNDED UNLESS THE TRIP RUNS FULL.**



### MEDICAL INFORMATION

The following information is intended for use in an emergency. You are solely responsible to determine your medical and physical fitness to dive or engage in diving activities. If you have any questions concerning your medical or physical fitness, we recommend you consult your personal physician. Please check any of the following items that apply to your past medical history or present medical condition.

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> I am disabled _____   | <input type="checkbox"/> I have a nervous system disorder.                            |
| <input type="checkbox"/> I will require assistance _____   | <input type="checkbox"/> I am pregnant.   |
| _____  | <input type="checkbox"/> I have a head or back injury                                 |
| _____  | <input type="checkbox"/> I have had decompression sickness or other diving accident.  |
| <input type="checkbox"/> I am currently suffering from a cold or congestion.   | <input type="checkbox"/> I have hay fever or other allergies.                         |
| <input type="checkbox"/> I am currently taking medication (list all)   | <input type="checkbox"/> I have a history of high blood pressure.                     |
| _____  | <input type="checkbox"/> I have a collapsed lung (pneumothorax)                       |
| _____  | <input type="checkbox"/> I have had surgery or a penetrating injury to my chest.      |
| <input type="checkbox"/> I have a history of respiratory problems or disease.  | <input type="checkbox"/> I am under the care of a physician or have a chronic illness |
| <input type="checkbox"/> I am diabetic.  | <input type="checkbox"/> I wear contact lenses.                                       |
| <input type="checkbox"/> I have a history of seizures, dizziness, fainting or blackouts.   | <input type="checkbox"/> I am a smoker.   |
| <input type="checkbox"/> I have had asthma, emphysema, or tuberculosis   |   |
| <input type="checkbox"/> I have a history of sinus problems.   |   |
| <input type="checkbox"/> I am not nor have I ever suffered from any mental and/or physical disease, illness or disability which would render me unfit for scuba diving, scuba diving instruction, snorkeling, water-skiing or any other water sport. |   |

DO YOU HAVE DIVE INSURANCE? YES NO

AGENCY \_\_\_\_\_ ID NUMBER \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

In case of medical emergency, I authorize the designated Houston Scuba Academy leader to administer first aid or get proper medical attention if necessary. I understand that the nearest operational recompression chamber may be hours away and may require air evacuation. The time involved with transport poses additional risk to my personal safety. I voluntarily accept this additional risk and am fully prepared to pay all expenses related to evacuation and recompression chamber treatment should it be deemed necessary by myself or the HSA leader. I hereby certify that the foregoing information is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

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# Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

— THIS FORM IS TO BE USED FOR ALL DIVE TRAVEL —

In consideration of permitting me, \_\_\_\_\_, to participate in snorkeling/scuba diving activities and related

(PARTICIPANT'S NAME)

operations conducted by ALL HSA DIVE LEADERS through the facility of HOUSTON SCUBA ACADEMY in the city of HOUSTON in the County of HARRIS, and State of TEXAS, USA, beginning on the \_\_\_\_\_ day of (month) \_\_\_\_\_, 20\_\_\_\_\_.

I, for myself, my personal representatives, heirs and next of kin:

**HEREBY** acknowledge that **SNORKELING/SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and/or death and/or property damage. **I FURTHER ACKNOWLEDGE** that diving with compressed air involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. **I UNDERSTAND** that the open water diving trips which are necessary for diving activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

**HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE** Scuba Schools International, Houston Scuba Academy, its facility, the dive leader, or any of its officers, instructors, agents or employees (the Releasees) **FROM ALL LIABILITY TO MYSELF, my personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID ACTIVITIES OR ANY OTHER RELATED DIVING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

**HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE**, now and forever, arising out of or related to participation and/or instruction in said activities, or any other related diving operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise, **I HEREBY SEPARATELY** agree to **INDEMNIFY** and **SAVE** and **HOLD HARMLESS** the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said activities or any other related diving operations, whether caused by the negligence of the Releasees or otherwise.

**HEREBY** acknowledge that **INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the Province, State, or Country in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader the potential dangers incidental to engaging in the course and/or activity of snorkeling or scuba diving and related diving operations.

Participant's Name \_\_\_\_\_  
(PLEASE PRINT) (SIGNATURE REQUIRED)

Witness \_\_\_\_\_ Date \_\_\_\_\_

As parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees. Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities with the Dive Leader prior to commencement of the minor child's snorkeling or scuba activities.

**NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.**

Mother's Name \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE PRINT) (SIGNATURE)

Father's Name \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE PRINT) (SIGNATURE)

Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_  
(PLEASE PRINT) (SIGNATURE)