



Pick your program:

- Leaders in Ocean Science – Starts June 16
- Leaders in Ocean Science – Starts July 7
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-

Marine Quest Forms Packet

For Discover Scuba Programs

For:

Given Name (What we will call you)

Last Name

Instructions:

- Use Acrobat Reader to fill in forms before printing
- Visit <http://www.aquaticsafaris.com/mqforms/> for instructions, information, and FAQs
- Please carefully read, complete, and sign each page. Signature lines are marked with **green** or **orange** arrows for the student or parent to sign, respectively.
- Please keep all pages in order
- Dates are the international DD/MM/YYYY format
- Answer “YES” or “NO” to each question on the Medical Statement (page 3)
- Any “YES” answer will require a physician's clearance to dive on a **separate medical statement**. Visit the above website to download the medical statement document.
- Once all forms are completed and signed by both the student and parent/guardian, and physician's clearance has been obtained if necessary, scan and e-mail forms to: mqinfo@aquaticsafaris.com

Important Notes:

- **You may scan signed forms with your smart phone using a free app such as *Tiny Scanner* by Appxy**
- **Please ensure that scanned forms are legible, and pages are in order in a single PDF before sending**

Student Information:

_____ MI

Formal First Name

DOB:

DAY

YEAR

Month: Jan Feb Mar Apr
 May Jun Jul Aug
 Sep Oct Nov Dec

Address

Address Line 2

_____ State Zip

City

E-mail Address (Primary point of contact)

Guardian Information:

(emergency and administrative contact)

Name

Relationship to Student

Phone Number(s)

If you are unable to submit completed forms by **May 1st**, be sure to let us know! This packet must be completed and turned in to **Aquatic Safaris** no later than a week before the start of your program. Please confirm receipt and completeness prior to that date. **Failure to do so may impact your ability to participate in the diving components of your Marine Quest program.**



Photo Release Form for Minors

Aquatic Safaris Scuba Center, Inc.
7041 Wrightsville Ave.
Wilmington, NC 28403
<http://www.aquaticsafaris.com/>


I hereby grant to Aquatic Safaris Scuba Center, Inc. (hereby referred to as "Aquatic Safaris") the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, or any pictures Aquatic Safaris had taken of me or in which I may be included with others, editorial or any other media such as film or video, to copyright the same; to re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, including web pages and social networking media, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever without restriction as to alteration; from time to time, or reproductions thereof in color, black and white or otherwise made through any media.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy or printed matter that may be used in connection there with or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Aquatic Safaris, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs, video and/or film as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof.


I understand that the photographs, video and/or film taken by Aquatic Safaris will be included into stock files. I agree that the photographs, the transparencies thereof, video and/or film, and the rights to copyright the same, shall be the sole property of Aquatic Safaris, with full right of lawful disposition in any manner.

I hereby grant permission to Aquatic Safaris to photograph the participant named below during activities and to use the photographs, video and/or film in Aquatic Safaris audio-visual and printed materials without compensation or approval rights.



Signature of Student

Student's Printed Name



Signature of Parent or Guardian

Parent or Guardian's Name

Note – If you don't wish to have your child's photo taken during program, you may opt out by writing "OPT OUT" clearly in block letters on the signature lines. Please be sure to include the student's name on this form. If you opt out, your child will be excluded from group photo opportunities. Even if you opt out, we will need to take a headshot to use on their certification card.

PADI Discover Scuba® Diving Participant Statement

Read the following paragraphs carefully.

This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement (Statement of Risks and Liability), Non-Agency Disclosure and Acknowledgment and the Discover Scuba Diving Knowledge and Safety Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read this Guide and sign on the back panel.

You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.



PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- ___ 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 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?
- ___ 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)?

Pro Tip → Answer each question by writing "YES" or "NO" on each line. Other answers, such as "Y," a checkmark, or an arrow, are not acceptable.

NOTE: A "YES" answer requires more information. See the cover sheet for details.

Non-Agency Disclosure and Acknowledgment Agreement

(Liability Release and Assumption of Risk Agreement continued)

I understand and agree that PADI Members ("Members"), including Aquatic Safaris Scuba Center, Inc. and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members 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 PADI liable for the actions, inactions or negligence of Aquatic Safaris Scuba Center, Inc. and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I (participant name), _____, hereby affirm that I aware that skin 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; 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 or 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, Aquatic Safaris Scuba Center, Inc., nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, 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 Scuba 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, AND PADI AMERICAS, 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.



Participant Signature

Date (Day/Month/Year)



Parent/Guardian Signature (where applicable)

Date (Day/Month/Year)