

**RELEASE OF LIABILITY - READ BEFORE SIGNING PRINT CLEARLY PLEASE:**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

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

HOTEL NAME \_\_\_\_\_ ROOM \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE( ) \_\_\_\_\_

**WHO TO CONTACT IN CASE OF AN EMERGENCY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE( ) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

In Consideration of being allowed to participate in any way in the Scuba San Diego, Inc. program, its related events and activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS **Rodney M. Watkins**, the **National Association of Underwater Instructors**, and the **Scuba San Diego, Inc.** company, a California corporation, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity (hereafter referred to as "Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, Or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. **CANCELLATIONS I agree to text 619-341-1900 or email [scubasd@aol.com](mailto:scubasd@aol.com) 72 hours in advance of check in time in order to receive a full refund. No refunds can be given after 72 hours. If you book inside the 72 hour period that reservation cannot be cancelled and no refund will be issued.**

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
SIGNATURE Age \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN EMERGENCY PHONE#(S) \_\_\_\_\_ Date Signed \_\_\_\_\_



# HEALTH DECLARATION FORM / COVID-19

Read this statement prior to signing it. You must complete this additional medical questionnaire to enrol in a diver training program or to participate in any diving activity. If you are a minor, you must have this statement signed by your parent or guardian.

## DIVER MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to ensure that you are medically fit to dive. Please answer the following questions with a YES or NO. If you are not sure, answer YES. A positive response means that there may be a preexisting condition that could affect your safety while diving. If any of these items apply to you, we must request that you consult with a physician, preferably a specialist in diving medicine, prior to participating in diving activities.

Within the 40 days immediately preceding the date of this Health Declaration Form, have you:

1. TESTED POSITIVE OR PRESUMPTIVELY POSITIVE WITH COVID-19 (THE NEW CORONAVIRUS OR- SARS-COV2) OR BEEN IDENTIFIED AS A POTENTIAL CARRIER OF THE CORONAVIRUS?  
 YES  NO
2. EXPERIENCED ANY SYMPTOMS COMMONLY ASSOCIATED WITH COVID-19 (FEVER; COUGH; FATIGUE OR MUSCLE PAIN; DIFFICULTY BREATHING; SORE THROAT; LUNG INFECTIONS; HEADACHE; LOSS OF TASTE; OR DIARRHEA)?  
 YES  NO
3. BEEN IN ANY LOCATION/SITE DECLARED AS HAZARDOUS WITH AND/OR POTENTIALLY INFECTIVE WITH THE NEW CORONAVIRUS BY A RECOGNISED HEALTH OR REGULATORY AUTHORITY?  
 YES  NO
4. BEEN IN DIRECT CONTACT WITH OR IN THE IMMEDIATE VICINITY OF ANY PERSON WHO TESTED POSITIVE WITH THE NEW CORONAVIRUS OR WHO WAS DIAGNOSED AS POSSIBLY BEING INFECTED BY THE NEW CORONAVIRUS?  
 YES  NO

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my existing or past health conditions.

I also commit to inform \_\_\_\_\_ about any symptom that may arrive after having filled in this declaration and/or having come into contact with someone who has tested positive after signing the declaration.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature

## ADDITIONAL DECLARATIONS / COVID-19

I WILL, if asked, wear a protective mask at all times while participating in the diving training / activities arranged by \_\_\_\_\_, and will take all reasonable preventive steps that may be recommended by \_\_\_\_\_, or any relevant public authority.

I WILL accept and observe all instructions by \_\_\_\_\_ intended to abide by all existing regulations, required to help prevent the risk of transmission, including having my temperature taken prior to participating in any diving activities.

I ACKNOWLEDGE and ACCEPT that this declaration will be considered as my consent to \_\_\_\_\_ o retain this declaration and disclose it to any relevant authority or service provider for the purposes of ensuring the safety of any third parties that may come in contact with me prior to, during, and after any diving activity.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature



# PLEASE NOTE

COVID-19 shares many of the same symptoms as other serious viral pneumonias that require a period of convalesce before returning to full activities – a process that can take weeks or months depending on symptom severity (1).

## MEDICAL RECOMMENDATIONS (2):

- Divers who have had symptomatic COVID-19, should wait a minimum of TWO months, preferable THREE, before resuming their diving activities.
- Divers who have tested positive with COVID-19 but have remained completely asymptomatic, should wait ONE month before resuming diving.
- Divers who have been hospitalised with pulmonary symptoms related to COVID-19, should, after a three-month waiting period, undergo complete pulmonary function testing as well as a cardiac evaluation with echocardiography and exercise test (exercise electrocardiography) to ascertain normal cardiac function prior to their return to diving.

## GENERAL RECOMMENDATION

- Divers and dive centers should observe strictly the guidelines for disinfection of diving gear (as issued by the diving federations and DAN Europe / Divers Alert Network).

## REFERENCES

- (1) [Return to Diving Post COVID-19](#) - issued by the Undersea and Hyperbaric Medical Society (UHMS) in the USA.
- (2) [Diving after COVID-19 pulmonary infection](#). A position statement of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG).

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The present is a sample of a Health Declaration Form that a dive centre or dive professional may want to adopt and submit to customers and students, before taking up any diving activity with them.

The Form has been developed by the DAN Europe Medical Division team, based on information available as of May 2020. The epidemiological situation is constantly evolving. As a result, this document may be subject to changes and updates.



With the support of



## NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN POTENTIALLY DANGEROUS ACTIVITY

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN SNORKELING, A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF Scuba San Diego Inc. it's Instructors and Dive Masters USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM Scuba San Diego Inc. it's Instructors and Dive Masters IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND Scuba San Diego Inc. it's Instructors and Dive Masters HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

By my signature, I release all claims that both they and I have.

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(Natural Guardian's signature)

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(Date)

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Print Guardian's Name

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Print Minor Child's Name