NAME: **DAN#:**

CURRENT MEDICATIONS	
DOSAGE	FREQUENCY
ALLERGIES:	
BLOOD TYPE:	

YOU MUST ATTACH A MEDICAL RELEASE FORM SIGNED BY A PHYSICIAN IF YOU CHECKED ANY ITEMS WITH AN ASTERISK.

☐ ANEMIA	☐ DIPHTHERIA	☐ HIGH BLOOD PRESSURE*	☐ RESPIRATORY PROBLEMS*
☐ ANXIETY REACTIONS	☐ DIZZINESS OR FAINTING*	☐ HIVES	☐ RHEUMATIC FEVER
☐ ARTHRITIS	☐ EMPHYSEMA*	☐ JAUNDICE	☐ RHEUMATISM
☐ ASTHMA*	☐ EPILEPSY*	☐ KIDNEY DISEASE	☐ SINUS CONDITION
☐ BLEEDING DISORDERS	☐ EYE DISEASE	☐ LEUKEMIA	☐ SHOCK
☐ CANCER*	☐ FREQUENT HEADACHES*	☐ LIVER DISEASE	☐ SKIN DISEASE
☐ CHRONIC INFECTION	☐ GOUT	☐ MEASLES	☐ STROKE
☐ CLAUSTROPHOBIA	☐ HAY FEVER	☐ MUMPS	☐ THYROID DISEASE
☐ COMA	☐ HEARING LOSS	☐ PARALYSIS	☐ TUBERCULOSIS*
☐ CYST OR GROWTH	☐ HEART TROUBLE	☐ PILES	☐ TUMOR
☐ DIABETES*	☐ HEPATITIS	☐ POLIO	☐ ULCER

NOTIFY IN CASE OF EMERGENCY | RELATIONSHIP | (AREA CODE) PHONE NUMBER

PHYSICIAN | (AREA CODE) PHONE NUMBER

RELIGIOUS PREFERENCE | INSURED BY | POLICY NUMBER

In consideration of permitting the above named student to enroll in and participate in diving activities and class instruction of skin and/or scuba diving given by a sanctioned member school of the National Association of Scuba Diving Schools, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes for personal injury, property damage or wrongful death occurring to him/herself arising as a result of engaging in or receiving instruction in said activity or any activities incidental thereto wherever or however the same may cover whatever period said activities or instruction may continue, and the undersigned does for him/herself, his/her estate, and agrees that under no circumstances will he/she or his/her heirs execute XXX and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the National Association of Scuba Diving Schools or its member schools or officers, agents, servants, or employees for any of said causes or actions, whether the same shall arise by the negligence of any of said persons, or otherwise. IT IS THE INTENTION OF THE XXX XXX STUDENT BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE NATIONAL ASSOCIATION OF SCUBA DIVING SCHOOLS AND ITS MEMBER SCHOOL FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE. I also understand and agree that the open water trips which are required for instructional purposes and certification course may be conducted at a dive site which is remote and as a result a decompression chamber may not be readily available. I hereby personally assume all risks in connection with said course XXX, injury or damage which may befall me while I am enrolled as a student of the course including all risks connected therewith, whether foreseen or unforeseen. I still wish to continue and XXX the risk of the absence of a decompression chamber.

xxx STORE OWNER OR INSTRUCTOR | SIGNATURE

xxx | SIGNATURE OF PARENTS OR GUARDIAN WHEN APPLICABLE