

**Liability, Negligence Release & Assumption Of Risk
FOR IAND, Inc, / IANTD TRAINING PROGRAMME**

INSTRUCTOR COPY

**PLEASE READ CAREFULLY. FILL IN ALL BLANKS. INITIAL EACH PARAGRAPH BEFORE
SIGNING THE RELEASE ON THE BOTTOM OF THE SECOND PAGE OF THE RELEASE.**

- _____ hereby affirm that I have been advised and thoroughly informed of the inherent hazards of technical Scuba diving activities. Further, I understand that diving with compressed air, oxygen-enriched air (Nitrox), oxygen and/or helium (Trimix and/or Heliox) and/or neon in either Open Circuit or Semi-closed Circuit or Closed Circuit rebreathers involves certain inherent risks including, but not limited to, decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotraumas/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water Scuba diving trips, which are necessary for training and certification, 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 such instructional Scuba dives despite the possible absence of a recompression chamber in proximity to the dive site.
- _____ I understand and agree that neither my instructor(s): _____, the facility _____ through which I receive my instruction nor IANTD/IAND, Inc., nor any of their respective employees, officers, agents or assignees (hereafter referred to as **Released Parties**) may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs or assignees that may occur as a result of my participation in this diving class or as a result of the negligence on any party, including the Released Parties, whether passive or active.
- _____ In consideration of being allowed to enrol in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.
- _____ I further save and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assignees arising out of my enrolment and participation in this course, including both claims arising during the course or after I receive my certification.
- _____ I also understand that technical Scuba diving activities are physically strenuous and that I will be exerting myself during this Scuba diving course and that if I am injured or killed as a result of heart attacks, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning or any other risk of diving 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 further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.
- _____ I further state that I am already a qualified diver and have been truthful in stating my qualifications as a certified Scuba Diver from the following training agencies: _____, _____, _____, and that I am aware of the required certification or equivalent experience. I have been a certified Scuba Diver since: _____, and have been diving for: _____ years for a total of: _____ dives to a maximum depth of: _____ metres
- _____ I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and will.

FILL IN THE BLANKS BELOW AND THEN COPY THE ENTIRE FOLLOWING STATEMENT ON THE TWELVE BLANK LINES PROVIDED BENEATH THIS PARAGRAPH. PLEASE SIGN THE FORM WHERE INDICATED.



It is the intention of **[your name]** _____ by this instrument to exempt and release my instructors **[instructors' names]** _____, _____ and others **[names of support personnel]** _____, _____, the facility **[facility name]** _____, and IANTD/IAND, Inc., and all other related entities from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including, but not limited to, the negligence or the gross negligence of the released parties, whether passive or active.

Copy Here



- _____ I have fully informed myself of the contents of this liability release and express assumption or risk by reading it before I signed it on behalf of myself and my heirs.
- _____ I fully understand that Scuba diving is inherently dangerous and could result in serious injury or my death.

SIGNATURE OF STUDENT

DATE

WITNESS

DATE

SIGNATURE OF STUDENT

DATE

WITNESS

DATE

INTERNATIONAL ASSOCIATION OF NITROX AND TECHNICAL DIVERS/IAND, INC.
Medical Questionnaire

INSTRUCTOR COPY

Student Information: Please Print Legibly

Name: _____

Birth Date: ____/____/____

MESSAGE TO THE MEDICAL EXAMINER

Technical Scuba diving activities with compressed air, oxygen-enriched air (Nitrox), oxygen, helium and/or Trimix are physically strenuous and will cause exertion of the student during the diving course and they may be injured or killed as the result of decompression sickness, embolism, marine life injuries, barotraumas/hyperbaric injuries that can occur requiring treatment in a recompression chamber, heart attacks, panic hyperventilation, oxygen toxicity, inert gas narcosis, drowning or any other organic malfunction that may occur.

Please read each question carefully and answer them accurately. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in the IANTD Technical Diving Program.

1. NEUROLOGICAL CONDITIONS: Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain's blood vessels. YES NO

2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension). YES NO

3. PULMONARY CONDITIONS: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. YES NO

4. EAR CONDITIONS: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one ore both ears, or major ear surgery. YES NO

5. SINUS CONDITIONS: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. YES NO

6. ASTHMA: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of inhaler for control of wheezing. YES NO

7. DIABETES MELLITUS: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or episodes of hypoglycemia (low blood sugar reactions), Hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also any history of elevated blood sugar or elevated blood during pregnancy. YES NO

8. PREGNANCY: If you are presently pregnant or may become pregnant before completing your scuba course. YES NO

9. SCUBA DIVING CONDITIONS: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus. YES NO

10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician.

YES NO

11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect the student's safety in an underwater environment or affect the student's judgment under times of physical stress.

YES NO

12. PLEASE EXPLAIN ANY "YES" ANSWER FOR QUESTIONS 1 THROUGH 11. First list item number and then provide the explanation. Use the back of this paper, if necessary.

I certify that I have answered the above questions accurately and honestly

Signed: _____

Date: ____/____/____

Witnessed: _____

Date: ____/____/____

If under 18 years of age student's parent or guardian is also required to certify the form's accuracy by co-signing the form.

Signed: _____

Date: ____/____/____

| | |
|---------------------------------|--|
| _____ Student Cleared for Class | _____ Student Requires Medical Clearance |
|---------------------------------|--|

Instructors Signature: _____

Date: ____/____/____

WARNING: Oral or total systemic decongestants, Trans-Derm, or oral sea sickness medications, nicotine patches, all legal or non-legal drugs, individually or in combination of, MAY cause harmful, if not fatal, reactions underwater, especially if taken too soon before diving.

I, (student's name) _____, acknowledge that I have read the above warning and that I understand, and take responsibility for my actions as regards my use or misuse of any and all drugs during this course of scuba instruction.

Students Signature: _____

Date: ____/____/____