



Dear Discover Scuba Participant, Parent and/or Guardian,

Have you ever wondered what it's like to breathe underwater? While not an actual scuba certification, during a Discover Scuba Diving experience you'll learn how to use scuba equipment in shallow water and get a quick and easy introduction to what it takes to explore the underwater world. You'll use all the basic scuba gear including a mask, snorkel and fins, a buoyancy compensating jacket that also carries your scuba tank, a scuba regulator to breathe from and instrumentation to monitor depth and air supply. You might also wear a scuba wetsuit. Min. age is 10 years old.

To attend a Discover Scuba experience, we need some paperwork completed ahead of time. Attached, you will find a **Liability Release and Assumption of Risk Agreement**. Please read and print your name in the blanks as appropriate, sign and date. Please be sure to have the participant sign and, if under the age of 18, a parent or guardian must also sign. Complete the **Emergency Contact Information** at the bottom of the form.

The next page is the **PADI Medical Questionnaire**. Please answer each question with a **YES or a NO** (not a Y, N or N/A or a line down the column). If you need to answer "YES" or are unsure, please consult your physician and have him/her complete the Physician portion of the **Physician's Release** form (contact Y-kiki Divers for this form). Please note that if there is a "YES" on the medical questionnaire, we need a Physician's Release form completed and signed before we can proceed with any pool activities.

The next section is the **Non-Agency Disclosure and Acknowledgment Agreement** form. Simply read, sign and date. Last but not least is the **Discover Scuba Diving Registration Form**. Please complete with the participant's information.

Return completed forms to either Y-kiki Divers or your event coordinator. If you have ANY questions or concerns, please contact me directly at 314-469-8722. We are honored to share with you (or your child) the thrill of weightlessness and are very much looking forward to providing a safe and unique adventure – one we hope you and your family will continue for a lifetime.

Sincerely,

Valerie Elliott, Owner, Y-kiki Divers

Please complete and FAX to Creve Coeur: 314-469-8554 or South County: 314-543-3002

EVENT NAME: _____

IF APPLICABLE, please include the group you are with, e.g. Boy Scout/Girl Scout Troop, summer camp, etc.)

DSD Program Location (pool): _____ **DSD Program Date:** _____

Participant
First Name: _____ **Last Name:** _____ **Birth Date:** _____

Age: _____ **Height:** _____ **Weight:** _____ **Shoe Size:** _____

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13001 Olive Blvd., St. Louis, Missouri 63141 / (314) 469-8722 / FAX: 314-469-8554
9936 Kennerly Road, St. Louis, Missouri 63128 / (314) 843-0354 / FAX: 314-543-3002
www.y-kiki.com Or e-mail us at: info@y-kiki.com

Liability Release and Assumption of Risk Agreement

I (participant name), _____, hereby affirm that I am 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 injury 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 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, **The Professional Staff of Y-kiki Divers** nor the facility through which this activity is conducted, **Elliott Enterprises LLC, dba Aloha Y-kiki Divers**, 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 any party, including 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, or 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 the Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if a provision of the Agreement is found to be unenforceable or invalid, that provisions shall be severed from this Agreement. The remainder of the 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 my rights of my heirs, assigns, or beneficiaries my have to sue the Released Parties resulting from my death. I further represent I have authority to do so and that my heirs, assigns, or beneficiaries will be stopped 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 ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY 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 BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

Participant Signature _____ Date _____

Parent/Guardian Signature (where applicable) _____ Date _____

Emergency Contact Information

Name _____

Relationship _____ Phone _____

Flying After Diving Recommendations

1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested. 2) For repetitive dives and/or multi-day dives within the no decompression limits, a minimum preflight surface interval of 18 hours is suggested. 3) For dives requiring decompression stops a minimum preflight surface interval great than 18 hours in suggested.

PADI MEDICAL QUESTIONNAIRE

Print Your Name: _____

Scuba diving is an exciting and demanding activity. To scuba dive safely, 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 this 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** (not a Y, N or N/A; check marks or a line down the column). 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 (contact Y-kiki Divers) will supply you with a PADI Medical Statement and Guidelines for your 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 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 or fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?



Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members (“Members”), including **Elliott Enterprises LLC, dba Aloha Y-kiki Divers** 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 **Elliott Enterprises LLC, dba Aloha Y-kiki Divers** and/or the instructors and divemasters associated with the activity.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature _____ Date (Day/Month/Year) _____
Signature of Parent or Guardian (where applicable) _____ Date (Day/Month/Year) _____

Discover Scuba Diving Registration Form

First Name: _____ Last Name: _____

Date of Birth: _____ DAY

<input type="radio"/> Jan.	<input type="radio"/> Apr.	<input type="radio"/> Jul.	<input type="radio"/> Oct.
<input type="radio"/> Feb.	<input type="radio"/> May.	<input type="radio"/> Aug.	<input type="radio"/> Nov.
<input type="radio"/> Mar.	<input type="radio"/> June.	<input type="radio"/> Sep.	<input type="radio"/> Dec.

_____ YEAR

Male / Female

Email (required): _____

Participant Mailing Address: _____

City _____ State _____ Zip _____

Phone _____

How did you hear about us? _____

Who should we thank for the referral? _____

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