

# HOLLYWOODIVERS

## Class Registration Form

Name:	
Address:	
Home phone:	Work phone:
Email:	Cell phone:
Emergency Contact:	Phone:
Date of birth:	Class desired:
Height:	Desired start date:
Weight:	How did you hear about us:

List any other must know information

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### Medical History

This section must be filled in and submitted to your instructor before your class begins. The purpose of this form is to determine if you should be examined by your doctor before participating in diver training. Answering yes to any of the conditions below will require you to have a written clearance for diving activities from your doctor before you can begin any water training.

#### All questions below must be answered with a YES or NO.

\_\_\_ Are you pregnant or are you attempting to become pregnant?

\_\_\_ Do you regularly take any medication? If so what kind? \_\_\_\_\_

\_\_\_ Are you over the age of 45?

Do you have a history of:

\_\_\_ Asthma

\_\_\_ Frequent colds

\_\_\_ Drug problems

\_\_\_ Pneumothorax

\_\_\_ Lung disease

\_\_\_ Severe hayfever

\_\_\_ Chest surgery

\_\_\_ Behavioral problems

\_\_\_ Strokes / Seizures

\_\_\_ Blackouts

\_\_\_ Decompression sickness

\_\_\_ Back problems

\_\_\_ Diabetes

\_\_\_ Heart problems

\_\_\_ History of surgery

\_\_\_ Ear or Sinus problems

\_\_\_ Bleeding problems

\_\_\_ High blood pressure

\_\_\_ Hernia

\_\_\_ Ulcers

\_\_\_ Epilepsy

I acknowledge I have honestly and personally completed the above medical history survey

Sign \_\_\_\_\_ Date \_\_\_\_\_

#### **Store personnel use only**

Class paid \_\_\_ Date \_\_\_\_\_ Referral \_\_\_ Refresher \_\_\_ Has course materials \_\_\_ Deposit \_\_\_

Notes \_\_\_\_\_

# GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

For \_\_\_\_\_ (specify course) training program under sanction through SDI.  
(Only ONE course can be listed on this form)

Please read carefully. If any questions arise, ask your instructor before signing.  
Fill in and initial each paragraph before signing at the bottom.

I, \_\_\_\_\_, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

\_\_\_\_\_ Further, I understand that diving with compressed air, oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyper baric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

\_\_\_\_\_ I understand and agree that neither my instructor(s) EMPLOYED BY HOLLYWOODIVERS the facility through which I received my instruction, HOLLYWOODIVERS.COM, INC. International Training and Scuba Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in anyway for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

\_\_\_\_\_ In consideration of being allowed to enroll 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 agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

\_\_\_\_\_ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. 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, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

\_\_\_\_\_ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

\_\_\_\_\_ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

\_\_\_\_\_ 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 understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

IT IS THE INTENTION OF EMPLOYED BY HOLLYWOODIVERS BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, PADE, NAUI, SDI (AND OTHERS, HAL WELLS, BILL STRONG, KARIM DAMZI) THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION HOLLYWOODIVERS.COM, INC. THE TRAINING AGENCY \_\_\_\_\_ AND INTERNATIONAL TRAINING, AND SCUBA DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, 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 EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

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

This document is required for all courses taught under sanction by Scuba Diving International.  
No alterations, changes, omissions or revisions may be made.  
Contact: Scuba Diving Int'l • 18 Elm Street, Topsham, ME 04086 • 207-729-4201 phone • 207-729-4453 fax