

PSA International

The Professional Scuba Association

Welcome to our program.

Please read this page very carefully and be sure to complete, prior to attending the course you have selected, the sections listed 1,2,3 and 4. **These must be done before the first classroom session.** When all candidates have this completed prior to the course, it saves valuable class time.

By following these instructions, your experience with our staff and diving programs should be free of any major misunderstandings.

1. Complete the following sheet labelled, 'student registration form'
2. Read, understand, sign and have witnessed the, 'Release and Waiver' form.
3. Complete the 'Medical statement' form. If training deeper than 40m this form must be signed by a physician before the course.
4. Read each section of the course manual and complete, before the course, any section reviews at the end of each chapter.
5. Call PSA Headquarters if you have any questions regarding the course that you have selected.
6. For the deep diving levels you must take each level before the next, accept for level 1 (30m) which will be at your instructors discretion.

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PSA International Statement of Understanding Risk & Liability

Course level _____ (one course per form)

Please read carefully before filling in this form as it is informing you of the risks of scuba diving. It is also informing you of the circumstances in which you participate in the diving course at your own risk. Please read all of the information carefully, fill in all blanks and initial each paragraph before signing at the bottom. Your initials and signature confirm you have read the statement and understand the information provided. If you do not understand the information provided in this statement you must discuss with your instructor. If you are under the legal age of majority you must gain the initials and signature of your parent or guardian.

WARNING

I _____, hereby confirm that I have already been advised and thoroughly informed of the inherent hazards of extended range scuba diving.

I understand that diving with compressed air, oxygen enriched air, oxygen and trimix supplied by open, semi-closed or closed circuit scuba involves certain inherent risks. These include decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries, other barotrauma/hyperbaric injuries that can occur and that require treatment in a recompression chamber. I further understand that open water diving trips that are necessary for certification, may be conducted at a site that is remote by either time distance or both from a recompression chamber. I choose to proceed with the training dives knowing that the absence of a recompression chamber is possible.

I also understand that extended range 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.

I have truthfully and fully informed my instructor(s) and the facility through which this training is offered of my medical history.

I understand that this course may place me deeper than I am able to perform a free ascent without breathing gas from.

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

EXCLUSION of LIABILITY

I understand and agree that neither my instructor(s) Frank Bruce / Zak Sherlock the facility through which I received my training e-Aquanauts / Wittering Divers Ltd PSA International & UK (PSA), nor any of their respective employees, officers, agents or assigns, nor the authors of any materials, including text or tables used by the PSA for training and certification may be held liable or responsible in any way for any injury, death or other damages resulting from my own actions or as a result of my contributory negligence. In the absence of any negligence on the part of the named Instructor(s), facility or PSA noted above, participation in this diving course is entirely at my own risk.

In consideration of being allowed to enroll on this course, I hereby personally assume all risks in connection with the advanced training course, for any harm injury or damage that may befall me whilst enrolled as a student in this course, including all risks connected, whether foreseen or unforeseen.

ACKNOWLEDGEMENT OF PRIOR CERTIFICATION AND EXPERIENCE

I state that I am already a certified scuba diver from the following training agency(s) _____ and that I hold training to the level of _____. I am aware of the minimum certification level and experience required to enrol in the above diving course and stipulate that I meet the requirements. I have been a certified diver since _____ and have been diving for _____ years with a total of _____ dives to a maximum depth of _____ metres.

ACKNOWLEDGEMENT OF RECEIPT & UNDERSTANDING

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 reasons, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not effect any other provision hereof, and this agreement shall be constructed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

Print Name _____ Signature of participant _____ Date _____

Signature of Parent/Guardian (where applicable) _____ Date _____

Medical Statement

Participant Record ~ Confidential Information

Please read carefully before signing

This a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program offered by:

Instructor.....
Facility.....
In the town of.....
County.....

Read and discuss this statement before signing it. You must complete this medical statement, which includes the medical history section to enroll in the scuba training program. If you are a minor you must have a parent or guardian sign this statement. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe.

When established safety procedures are not followed, however, there are dangers. 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 and instructor before participation in this program. you will also need to learn from your instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury, you must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely. If you have any additional questions regarding this medical statement or the medical history section, review them with your instructor before signing.

Medical History

To the participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may effect your safety while diving and you must seek the advice your physician. Please answer the following questions on your past or present medical condition with a YES or NO. If you are not sure, answer YES. If any of these items apply to you we must request that you consult a physician prior to participating in scuba diving. Your instructor will supply you with a medical statement and guide lines for recreational scuba divers physical examination to take to your physician.

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|Are you pregnant ? | Any form of lung disease? | Inability to perform moderate exercise (walk 1 mile within 12 minutes) |
| Do you regularly take prescription or non prescription medications (with the exception of birth control) | Pneumothorax (collapsed lung) | History of high blood pressure or take medications to control it? |
| Are you over 45 years of age and have one or more of the following: | History of chest surgery? | History of any heart disease? |
| 1. Currently smoke a pipe, cigars or cigarettes. | Claustrophobia or agoraphobia (fear of closed or open spaces) | History of heart attacks? |
| 2. Have a high cholesterol level | Behavioral health problems? | Angina or heart blood vessel surgery? |
| 3. Have a family history of heart attacks or strokes | Epilepsy, seizures, convulsions or take medications to prevent them? | History of ear or sinus surgery? |
| HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE |Recurring migraine headaches or take medications to prevent them? | History of ear disease, hearing |
| Asthma or wheezing with breathing or wheezing with exercise? | History of blackouts or fainting? | Loss or problems with balance? |
| Frequent or severe attacks of hayfever or allergy? |Suffer from motion sickness? | History of problems equalizing ears with airplane or travel up a mountain |
| Frequent colds, sinusitis or bronchitis? |History of diving accidents or decompression sickness? | History of bleeding or other blood disorders? |
| |History of recurrent back problems? | History of any hernias? |
| |History of back surgery? |History of ulcers? |
| |History of diabetes? | History of colostomy? |
| | History of back, arm or leg problems following surgery, injury or fracture? | |
| | History of drug or alcohol abuse? | |

The information I have provided about my medical history is accurate to the best of my knowledge

Signature.....Date.....