



FLORIDA NATIONAL HIGH ADVENTURE SEA BASE

**Student and Parent's or Guardian's Waiver of Claims,
Release and Indemnity Agreement**



The undersigned being the parents, guardians or persons having the care and custody of the student, do hereby consent that _____ may take courses, in skin or SCUBA diving and participate in the diving activities and instruction for skin and/or SCUBA diving at the **FLORIDA HIGH ADVENTURE SEA BASE**, Islamorada Florida. I, _____, being the parents or legal guardians of _____, and the student, have been advised and thoroughly informed of the inherent dangers of skin or SCUBA diving, including but limited to (a) the loss of life from drowning, (b) loss of hearing, and (c) possible permanent damage to the ears, nose, throat and pulmonary or central nervous systems.

* In consideration of _____ being accepted for participation in the program for the amount charged, we each contract and agree that the **BOY SCOUTS OF AMERICA, INC.** and the **FLORIDA NATIONAL HIGH ADVENTURE SEA BASE**, of the **BOY SCOUTS OF AMERICA**, Islamorada, Florida, and their agents, servants and employees, will not be held liable for any occurrence in connection with this diving class which may result in injury, death, loss or damage to _____, or his property and hereby release, remise and forever discharge each of the aforesaid from any and all claims or causes of action which may hereafter arise or occur. I hereby personally assume all risks in connection which said course for any harm, injury, loss or damage including death which may be fall _____, or his property while enrolled as a student of the course, including all risks connected therewith, whether direct or indirect whether foreseen or unforeseen, and we further agree to indemnify, save and hold harmless said program and the aforesaid organizations and persons from any claim by me or my enrollment or participation in this course or program.

It is clearly understood and agreed that any and all possible present or future claims or causes of action and all rights in connection therewith are waived at this time, prior to participation in the course, as a part of the consideration of being allowed to proceed with the course at the rate charged.

*I have fully informed myself of the contents of this affirmation and release, waiver and indemnity agreement by reading it before I signed it. I represent that _____ is _____ years of age and was born on _____.

It is further agreed that the law of Florida governs and controls the interpretation and legal effect of this agreement.

(1) Signature of Parents/Guardians _____

(2) *Signature of Student (adult) _____

Date _____ Witness to Signature _____

Youth Participants - complete entire form.

Adult Participants - complete lower portion only (*).

SEA BASE STATEMENT CONCERNING THE MEDICAL CONSTRAINTS FOR THE SCUBA ADVENTURE AND CERTIFICATION PROGRAMS

The Florida Sea Base has enjoyed an enviable safely record since its inception, especially in our scuba programs. We believe that our mission is to provide a safe and enjoyable aquatic experience for those youth that attend our facility.

With this in mind, we would like to remind every Scuba participant of the seriousness with which we will adhere to the medical constraints listed below, as published by the Recreational Scuba Training Council.

The following conditions are considered to be ABSOLUTE disqualification. If you have one of the following medical conditions, you will not be permitted to dive in a Sea Base program.

1. Congestive Heart Failure or Heart Disease
2. History of Seizure Disorder or Head Injury
3. Insulin Dependent Diabetes Mellitus
4. Sickle Cell Disease or Trait
5. Pregnancy
6. History of Inner Ear Surgery
7. Inability to Equalize Pressure in the Middle Ear by Auto-inflation

The following conditions require evaluation by a "Diving Doctor" (Hyperbaric Physician). To find a "Diving Doctor" near you, you or your physician should contact the Diver's Alert Network at Duke University. Their telephone number is 919-684-2948.

1. Pacemaker
2. History of Asthma or Exercise Induced Bronchospasm
3. Migraine Headaches
4. Extreme Obesity
5. History of Spinal Cord or Brain Injury
6. Scoliosis
7. Pneumothorax
8. Hypertension
9. Perforation of Tympanic Membrane
10. History of Pulmonary Overpressure Accident in Previous Diving
11. Inguinal Hernia

In the interest of safety, the Florida Sea Base reserves the right to refuse participation in the Scuba programs to anyone who has the aforementioned medical problems. Even certified divers must realize that with the changes in diving medicine it is necessary to keep abreast of their medical status. The Sea Base will refer to hyperbaric physicians in order to make a decision if diving eligibility is in question.

It is most important that you have your medical form completed and returned to the Sea Base on time. Refer to your leader's guidebook and supporting material for specific dates. Please do not wait until the last minute. You and your physician should review these constraints. If you have any questions, you or your physician should contact the Sea Base Scuba Director or the Diver's Alert Network.