

# Dayo Scuba Student Record File

Student Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City

State

Zip

Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

## Emergency contact Info

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Photo Release

I am willingly having my picture taken during scuba activities, and grant you permission to use my picture, for the purposes of this project, be it print, projection, internet web site, video or any future media market for promotional, publicity, or organizational purposes

Circle for YES

Circle for NO



# International Training

## GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

**Directions:** Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For \_\_\_\_\_ (specify Course or Specialty) training program under sanction through SDI.

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 or oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric 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) \_\_\_\_\_, the facility through which I received my Instruction, \_\_\_\_\_, 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 any way 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 \_\_\_\_\_ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, \_\_\_\_\_ (AND OTHERS, \_\_\_\_\_), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION \_\_\_\_\_, 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.

**This document is required for all courses and Specialties taught under sanction by Scuba Diving International. No alterations, changes, omissions or revisions may be made.**

Signature of Student/Participant \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

Signatures of Parents or Guardians (where applicable) \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year



# International Training

## MEDICAL STATEMENT PARTICIPANT RECORD (CONFIDENTIAL INFORMATION)

### Please Read Carefully Before Signing

This is 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. Your signature on this statement is required for you to participate in the scuba training program offered by

\_\_\_\_\_  
*Participant*  
\_\_\_\_\_ and  
\_\_\_\_\_ *Instructor*  
\_\_\_\_\_, located in the  
*Dive Center*  
city of \_\_\_\_\_ and state/province of \_\_\_\_\_.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe.

When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the 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 Questionnaire 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 preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history 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 with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?
- \_\_\_\_ Are you presently taking prescription medications? (with the exception of birth control or antimalarial)
- \_\_\_\_ Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone

- \_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?
- \_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- \_\_\_\_ Dysentery or dehydration requiring medical intervention?
- \_\_\_\_ Any dive accidents or decompression sickness?
- \_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- \_\_\_\_ Head injury with loss of consciousness in the past five years?
- \_\_\_\_ Recurrent back problems?
- \_\_\_\_ Back or spinal surgery?
- \_\_\_\_ Diabetes?
- \_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?
- \_\_\_\_ High blood pressure or take medicine to control blood pressure?
- \_\_\_\_ Heart disease?
- \_\_\_\_ Heart attack?
- \_\_\_\_ Angina, heart surgery or blood vessel surgery?
- \_\_\_\_ Sinus surgery?
- \_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?
- \_\_\_\_ Recurrent ear problems?
- \_\_\_\_ Bleeding or other blood disorders?
- \_\_\_\_ Hernia?
- \_\_\_\_ Ulcers or ulcer surgery?
- \_\_\_\_ A colostomy or ileostomy?
- \_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

#### Have you ever had or do you currently have.

- \_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
- \_\_\_\_ Frequent or severe attacks of hayfever or allergy?
- \_\_\_\_ Frequent colds, sinusitis or bronchitis?
- \_\_\_\_ Any form of lung disease?
- \_\_\_\_ Pneumothorax (collapsed lung)?
- \_\_\_\_ Other chest disease or chest surgery?
- \_\_\_\_ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- \_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?
- \_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?

The information I have provided about my medical history 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 condition.

\_\_\_\_\_  
*Signature*                      *Date*                      *Signature of Parent or Guardian*                      *Date*

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## Student Instructor Agreement Dayo Scuba

This agreement is made on \_\_\_\_\_, 20\_\_\_\_ between Dayo Scuba Inc.,  
and \_\_\_\_\_ to be referred to as Student.

Student agrees to pay the full, non nonrefundable course fee in order to reserve their place in class. Class times and venues are scheduled by Dayo Scuba, and details are available on our online Calendar. [www.scubadiver.cc/forums/calendar.php](http://www.scubadiver.cc/forums/calendar.php).

In the event that you cannot make the times and or venues of your scheduled class you must reschedule your placement with Denise Byrne at [denise@dayo.com](mailto:denise@dayo.com) or by cell phone at 321-287-8808. Email preferred. Private classes can be arranged at an additional fee.

In the event of students' inability or failure to attend the course, for any reason, it is imperative that you notify Dayo Scuba no later than 48 hours before class starts, so we can make that space available for someone else. There are no refunds, either partial or total, for no shows or cancellations, due to the fact that we may have had to refuse another student in order to reserve the spot that you have.

In the event Student wishes to reschedule the course, this can be simply done with no added fee, by contacting Denise Byrne @ [denise@dayo.com](mailto:denise@dayo.com)

Dive Training is purchased – Certification is earned. In the event of a student not attaining a level of proficiency that the instructors at Dayo Scuba, Inc. feel will be a safe diver, that student will be encouraged to join in another scheduled class, at no extra course fee (student just pays dive site fees). Our instructors want to make sure that all our students are able to be safe in all their future dive trips and are trained to a level so that the student enjoys the diving experience.

The course fee does not include dive site fees, lodging, meals or transportation.

Student agrees to rent (included and at no cost to the open water student only) all dive equipment needed for their course. This rental gear is the sole responsibility of the student to maintain, transport, and return the gear cleaned at the end of the course. The student is responsible for any lost or damaged rental gear and will be charged a fair replacement cost for that. Gear is due back promptly after the conclusion of the course and a daily rental fee will be charged for gear not returned in a reasonable time. A debit/credit card will be held on file until all the gear is properly returned to Dayo Scuba.

Student or guardian of a minor expressly represents that he/she is at least eighteen (18) years of age on the date of signing of this agreement, is aware of the inherent risks and hazards of SCUBA diving, and has knowingly elected to proceed with this course. When I successfully pass my class I agree to dive within the limitations of my training.

This agreement is made in The State of Florida.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Instructor Signature for Dayo Scuba Inc.

\_\_\_\_\_  
Dated

# Dayo Scuba - Gear Sign-out Form

723 Executive Drive, Winter Park FL 32789

321-800-2590

Date Out: \_\_\_\_\_

Due Back: \_\_\_\_\_

*Please print and fill in all the blanks*

Checked out By: _____		Checked in By: _____	
Name:			
Address:			
City:		State:	Zip:
Email:		Male or Female	DOB:
Phone:		D.L. #:	
Tank Serial #:			
Regulator #:			
BCD #:		Suit #/size:	Weights/lbs:
Mask:		Snorkel:	Hood:
Booties size:		Fins:	
Misc:			

The undersigned, hereafter called the diver, does hereby take temporary possession of the rental equipment described above from Dayo Scuba, for use during the scuba period mentioned above, subject to the following terms and conditions. **Please initial and sign**

Diver agrees to pay full value of scuba items, plus any costs incurred in collection in case of loss, or full repair cost in case of damage.

Diver agrees to pay \$25.00 per day, each day equipment is kept without the Dayo Scuba consent. For example, the gear is kept past the due date it was supposed to be returned.

Diver agrees to return all equipment well cared for, dust cap on regulator, cleaned and free of sand, salt, or other contaminants.

Diver further agrees not to loan or rent to any person not properly certified in its use.

Diver will use stated equipment at their own risk and assumes all responsibility for damages to others or to the property of others or to the diver or their property, resulting in any manner from divers use of the equipment while being used by the diver. Diver will hold Dayo Scuba harmless from all suits, damages, or liability resulting from the diver's use of the stated equipment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**NOTICE TO THE MINOR  
CHILD'S NATURAL GUARDIAN**

Who should fill out this Addendum and when should it be used:

- 1. The Natural Guardian of any minor (under 18 years of age) at the start of a training course or supervised activity under the: Scuba Diving International, Technical Diving International, or First Response Training International brands.
- 2. The Natural Guardian of a minor (under 18 years of age) participant in a training course or supervised activity taking place in the state of Florida.
- 3. This Addendum *does not replace* the applicable liability release form but is to be used in conjunction with.
- 4. This Addendum must be completed, in conjunction with the applicable liability release form, prior to the start of any training or supervised activity involving a minor in the state of Florida.

**READ THIS FORM COMPLETELY AND CAREFULLY.  
YOU ARE AGREEING TO LET YOUR MINOR CHILD  
ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.  
YOU ARE AGREEING THAT, EVEN IF** (name of released party or

parties) \_\_\_\_\_ **USES  
REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A  
CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED  
BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE  
CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT  
BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE  
GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER  
FROM** (name of released party or parties) \_\_\_\_\_

**IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,  
TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS  
FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.  
YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND** (name of  
released party or parties) \_\_\_\_\_ **HAS  
THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU  
DO NOT SIGN THIS FORM.**

**By my signature, I release all claims that both they and I have.  
No alterations, changes, omissions or revisions may be made.**

Natural Guardian's signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

Printed name of Natural Guardian \_\_\_\_\_