

SCUBA BSA and Open Water SCUBA Experience at Camp Sequassen

Again this year, CAPT Steve Coe will be offering SCUBA BSA with an Open Water Experience at Camp Sequassen!

The SCUBA BSA program meets at Camp Sequassen on Wednesday afternoon from 2:00PM to 5:00PM. The cost of this program is \$40.00 and includes all necessary equipment. You may bring your own mask, snorkel, fins and/or wetsuit if you have them, but this is not required. Participants must be 14 years old before their arrival at camp. Registered adult leaders are also encouraged to participate.

Three forms are required to enroll:

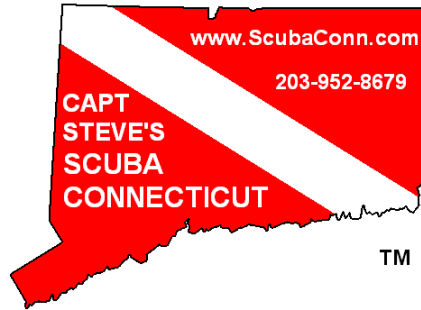
- BSA Participant Agreement
- Assumption of Risk – Waiver and Release
- Enrollment and medical form

Two notes regarding the medical form:

- 1) If any questions on the form are answered “Yes” (EXCEPT “Contact Lenses”, the participant must be examined by an MD and signed off for diving on a more specific form.
- 2) The camp physical form is NOT a substitute for this form. The Enrollment/medical form is required for SCUBA **IN ADDITION** to the regular camp physical form.

Questions?

Email CAPT Steve at CaptSteve@ScubaConn.com or call (203) 952-8679.



Statement of Understanding and Participant Agreement for SCUBA BSA and Open Water SCUBA Experience at Camp Sequassen

The diving course you are about to begin is an exciting and demanding challenge. To accept the call of underwater adventure, you must be aware of the risks involved in the sport and be willing to cooperate and obey instructions to achieve success.

SCUBA BSA introduces qualified Boy Scout, Venturing, and registered adult participants to the special skills, equipment, and safety precautions associated with SCUBA diving, and provides a foundation for those who later will participate in more advanced underwater activity. The SCUBA BSA experience contains two parts—Knowledge Development and Water Skills Development. During the first part, participants learn basic dive safety information and overview skills to be used during their water experience. The Water Skills Development session introduces essential dive skills, such as mask clearing, regulator clearing, and alternate air source use. In addition, participants will have the opportunity to move ahead with a supervised open water introductory experience. Because of the open water component, minimum age for this program is fourteen.

This course will require physical exertion. You must pass the BSA swim test to the BLUE (swimmer) level. You will need to be able to equalize pressure in your ears and sinuses. Your breathing and circulatory systems must also be in good health. You will need to complete an enrollment/medical history form and your instructor may require you to be examined by a physician. You and your parent (or guardian) will also need to read, discuss and sign a waiver, release and indemnity agreement, and this document. Since you are a minor, you will need to have this form, the waiver/release form and your enrollment/medical form signed by a parent or guardian. These forms are returned to the instructor for the course files.

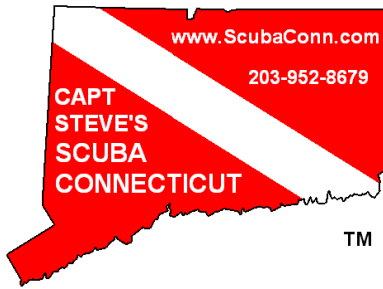
The SCUBA BSA program meets at Camp Sequassen on Wednesday afternoon from 2:00PM to 5:00PM. The cost of this program is \$40.00 and includes all necessary equipment. You may bring your own mask, snorkel, fins and/or wetsuit if you have them, but this is not required.

AGREEMENT: I understand and agree that by enrolling in this course I am incurring obligations for attendance, skill performance and cooperation. I understand and agree that mastering the subject matter and skills of skin and scuba diving are largely dependent on me. I also understand that my instructor is only able to assist and guide me as I proceed through the training process. I am willing to accept the risks and responsibilities for my own actions. I understand and agree that the instructor must make the final judgment as to my competency to be a safe diver and to participate in the program.

Signed _____ Date _____

AGREEMENT: I understand and agree that by enrolling my son/ward in this course I am incurring obligations for attendance, skill performance and cooperation. I understand and agree that mastering the subject matter and skills of skin and scuba diving are largely dependent on him. I also understand that his instructor is only able to assist and guide him as he proceeds through the training process. I am willing to accept the risks and responsibilities for his actions. I understand and agree that the instructor must make the final judgment as to his competency to be a safe diver and to participate in the program.

Parent/Guardian of Minor _____ Date _____



CAPT STEVE'S SCUBA CONNECTICUT

POB 175, Norwalk, CT 06852-0175

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**PLEASE READ CAREFULLY AND BE CERTAIN YOU UNDERSTAND
THE IMPLICATIONS OF SIGNING**

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees):

Stephen F. Coe (Instructor), National Association of Underwater Instructors (NAUI), Scuba Diving International (SDI), Technical Diving International (TDI), Emergency Response Diving International (ERDI), International Training Inc (ITI), The Emergency Response Training Center LLC (ERTC), The YMCA of Norwalk Inc, Orbit Marine Inc, D/V Orbit Diver II, Connecticut Yankee Council BSA, Camp Sequassen BSA.

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.

3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.

4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

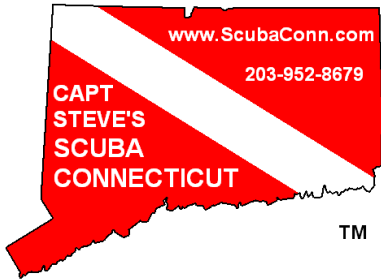
_____ Date _____

(Parent Signature if participant is a minor)

INSTRUCTOR CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature of Instructor _____ Date _____



CAPT STEVE'S SCUBA CONNECTICUT

SCUBA DIVING COURSE STUDENT RECORD

PLEASE PRINT LEGIBLY
ENTER YOUR NAME AS YOU WOULD LIKE IT TO APPEAR
ON YOUR CERTIFICATION CARD

COURSE #: _____

NAME: _____ DOB: _____
First MI Last

PHONE HOME: _____ CELL: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ MARITAL STATUS: _____ AGE: _____

SHIRT/JACKET/DRESS SIZE: _____ SHOE SIZE: _____

EMERGENCY CONTACT: _____

PHONE HOME: _____ CELL: _____

RELATIONSHIP: _____

MEDICAL HISTORY STATEMENT:

I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ears and sinuses are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge and belief my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

Write YES or No next to all of the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Behavioral health problems | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Contact lenses |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Dental plates |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Back/spinal surgery | <input type="checkbox"/> Over 40 years old |
| <input type="checkbox"/> Ear or hearing problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Trouble equalizing pressure | <input type="checkbox"/> Ulcers | <input type="checkbox"/> HIV positive |
| <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Regular medication |
| <input type="checkbox"/> Severe hayfever | <input type="checkbox"/> Hernia | <input type="checkbox"/> Drug allergies |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Alcohol or drug abuse |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Rejected from any activity
for medical reasons |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> May be Pregnant | |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Any medical condition not listed: _____ | |

List all medications you are presently taking: _____

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT (OR PARENT OR GUARDIAN): _____