

Statement of Understanding and Participant Agreement for SCUBA Experience at ConnJam 2022

The ConnJam SCUBA experience introduces qualified Scouts BSA, 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. **PLEASE NOTE THAT THIS IS A BRIEF INTRODUCTORY EXPERIENCE AND NOT A CERTIFICATION COURSE, ACTIVITY BADGE OR MERIT BADGE PROGRAM.** The minimum age for this program is fourteen. Registered adult leaders are strongly encouraged to participate with their scouts. The experience takes about an hour.

This experience requires physical exertion. You must have passed 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 a medical history form and may be required 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. If 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.

The ConnJam SCUBA program meets at the ConnJam Pool on Saturday from 10:00AM to 4:00PM. The program is **FREE** and includes all necessary equipment, but you must bring your own bathing suit and towel. 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 program 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 experience. 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. I certify hereby that I have passed the BSA swimmer test to the BLUE (swimmer) level.

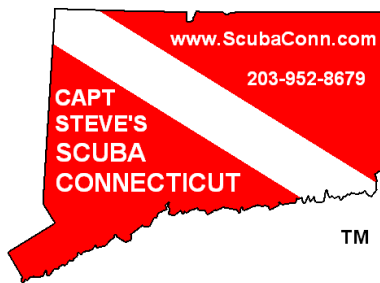
Signed _____ Date _____

Participant
Printed Name _____

AGREEMENT: I understand and agree that by enrolling my son/daughter/ward in this program 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/her. I also understand that his instructor is only able to assist and guide him as he/she proceeds through the experience. I am willing to accept the risks and responsibilities for his/her actions. I understand and agree that the instructor must make the final judgment as to his/her competency to be a safe diver and to participate in the program. I certify hereby that he/she has passed the BSA swimmer test to the BLUE (swimmer) level.

Signed
Parent/Guardian _____ Date _____

Parent/Guardian
Printed Name _____



CAPT STEVE'S SCUBA CONNECTICUT

**SCUBA DIVING COURSE STUDENT
RECORD**

PLEASE PRINT LEGIBLY

COURSE #: CYC ConnJam 2022

NAME: _____
First MI Last

NICKNAME: _____ DOB: _____

PHONE HOME: _____ CELL: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNCIL (If not CYC): _____ TROOP or CREW: _____

SCOUTMASTER NAME: _____

WEEK(S) ATTENDING CAMP AT SEQUASSEN: _____

SEX: _____ MARITAL STATUS: _____ AGE: _____

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

EMERGENCY CONTACT: _____

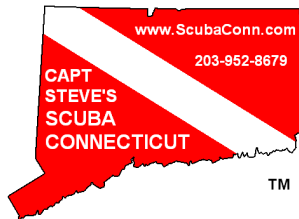
PHONE HOME: _____ CELL: _____

RELATIONSHIP: _____

EMERGENCY CONTACT: _____

PHONE HOME: _____ CELL: _____

RELATIONSHIP: _____



CAPT STEVE'S SCUBA CONNECTICUT

POB 175, Norwalk, CT 06852-0175

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

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

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH SCUBA 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, and instruction related thereto ("Diving Activities"). I understand that these risks can lead to severe injury and even loss of life.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during Diving Activities, and that if I am injured as a result of heart attack, stroke, panic, hyperventilation, drowning or any other cause, that I expressly ASSUME THE RISK of said injuries and that I will not seek to hold any other party responsible for the same. I understand that Diving Activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and competent medical assistance.

Despite this, I choose to proceed with these Diving Activities even in the absence of a recompression chamber and competent medical assistance. I understand that there are hazards and risks associated with travel to and from dive sites ("Dive Travel"), including, but not limited to the possible injury or loss of life as a result of a boating accident.

Regardless of the potential hazards and risks associated with Diving Activities and Dive Travel, I wish to proceed and HEREBY PERSONALLY ASSUME ALL HAZARDS AND RISKS, including possible personal injury, loss of life and/or property damage, arising out of or in connection with Diving Activities and/or Dive Travel, whether foreseen or unforeseen, that may befall me while I am a participant in these activities.

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

In consideration of being allowed to participate in Diving Activities, Dive Travel, and use of any of the facilities and equipment of the parties listed below, I understand and agree that neither CAPT Stephen F. Coe (Instructor), Edward S. Coe (Divemaster/Assistant Instructor), SCUBA Connecticut LLC (Facility), The Emergency Response Training Center LLC (Facility), nor the National Association of Underwater Instructors, Inc., nor their affiliate and subsidiary organizations, nor any of their respective employees, officers, directors, representatives, agents, contractors, volunteers, or assigns (hereinafter collectively referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me or my property that may occur as a result of my participation in Diving Activities or Dive Travel, or as a result of the negligence of any party, including the Released Parties, whether passive or active, foreseen or unforeseen.

I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I, MY ESTATE, HEIRS, EXECUTORS OR ASSIGNS MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR LOSS OF LIFE BASED UPON NEGLIGENCE, ACTIVE OR PASSIVE WITH THE EXCEPTION OF GROSS NEGLIGENCE, FORESEEN OR UNFORESEEN, WHICH ARISE FROM DIVING ACTIVITIES OR DIVE TRAVEL.

By executing this Agreement, I agree to hold the Released Parties harmless from and against all claims or causes of action for any personal injury, property damage, or loss of life which may occur during Diving Activities and/or Dive Travel. 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 understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights.

By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Released Parties other than what is set forth in this Agreement.

I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that part shall be stricken from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable or invalid part had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties on my behalf or as a result of my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

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

Signature of Participant _____ Date _____

Witness (Printed 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 _____

Printed Name of Parent or Guardian _____

Witness (Printed Name) _____ Signature _____

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go to Box B	No <input type="checkbox"/>
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to Box C	No <input type="checkbox"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to Box D	No <input type="checkbox"/>
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes <input type="checkbox"/> Go to Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

Please read and agree to the statement above by signing and dating it. AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:

Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A diagnosis of COVID-19.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box B – I am over 45 years of age AND:

I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box C – I have/have had:

Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box D – I have/have had:

Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box E – I have/have had:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either insulin- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box G – I have had:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Physician's Evaluation Form

Participant Name _____ Birthdate _____
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

- ☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- ☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital _____

Address _____

Phone _____ Email _____

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN America
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego