

Participants Name: _____



SHARK DIVE CLE PROGRAM APPLICATION CHECKLIST

The program application must include the following completed forms and documentation:

- Greater Cleveland Aquarium Medical Statement
- Greater Cleveland Aquarium Liability Release
- Diver Information Form
- SCUBA Diving Certification Card(s)
- Government-Issued Photo ID

The space below is for use by the Greater Cleveland Aquarium

<u>Application Timeline</u>	<u>Details</u>	<u>Initials</u>	<u>Application Timeline</u>	<u>Details</u>	<u>Initials</u>
Program Date			Date Application Received		
Program Time			Date Application Approved		
Email Initiation Date			Date Confirmation Emailed		
Application Due Date			Date of Follow-Up Email		

NOTE:

Regarding the Medical Statement, you only need to get a physician's signature **IF** you answered **YES** to anything on the Diver Medical Questionnaire.

IF you answered **NO** to all questions you are not required to provide a physician's signature.



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 **Shark Dive CLE** program. Your signature on this statement is required for you to participate in Shark Dive CLE program offered by **THE STAFF OF GREATER CLEVELAND AQUARIUM** and Instructor **GREATER CLEVELAND AQUARIUM** located in the Facility city of **CLEVELAND**, state/province of **OHIO**. Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the **Shark Dive CLE** 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.

Divers Medical Questionnaire

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 any of these items apply to you, we must request that you consult with a physician prior to participation. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational SCUBA Diver's Physical Examination to take to your physician.

- | | |
|---|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant? | <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them? |
| <input type="checkbox"/> Are you presently taking prescription medications? (With the exception of birth control or anti-malarial?) | <input type="checkbox"/> Bleeding or other blood disorders? |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following? | <input type="checkbox"/> Frequent or severe suffering from motion sickness? |
| <input type="checkbox"/> - currently smoke a pipe, cigars, or cigarettes | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? |
| <input type="checkbox"/> -have high cholesterol level | <input type="checkbox"/> Any dive accidents or decompression sickness? |
| <input type="checkbox"/> -have a family history of heart attack or stroke | <input type="checkbox"/> Inability to perform moderate exercise? |
| <input type="checkbox"/> - are currently receiving medical care | <input type="checkbox"/> Head injury with a loss of consciousness in the past five years? |
| <input type="checkbox"/> -high blood pressure | <input type="checkbox"/> Recurrent back problems? |
| <input type="checkbox"/> -diabetes mellitus, even if controlled by diet alone | <input type="checkbox"/> Back or spinal surgery? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> Back, arm, or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> Frequent or sever attacks of hay fever or allergy? | <input type="checkbox"/> Diabetes? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> High blood pressure or take medicine to control blood pressure? |
| <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> Heart disease? |
| <input type="checkbox"/> Pneumothorax | <input type="checkbox"/> Heart attack? |
| <input type="checkbox"/> Other chest disease or chest surgery? | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| <input type="checkbox"/> Behavior health, mental or psychological problems? | <input type="checkbox"/> Sinus surgery? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions of take medications to prevent them? | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| <input type="checkbox"/> A colostomy or ileostomy? | <input type="checkbox"/> Blackouts or fainting? |
| <input type="checkbox"/> Ulcers or ulcer surgery? | <input type="checkbox"/> Recurrent ear problems? |
| <input type="checkbox"/> Recreational Drug use or treatment for, alcoholism in the past five years? | <input type="checkbox"/> Hernia? |

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

DIVER

Please print legibly.

Name _____ Birth Date _____ Age _____

Mailing Address _____
First Initial Last Day/Month/Year

City _____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Email _____ FAX _____

Name and address of your family physician

Physician _____ Clinic/Hospital _____

Address _____

Date of Most Recent Physical Examination _____

Name of Examiner _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____

Were you ever required to have a physical for diving? Yes No If so, when? _____

PHYSICIAN

This person applying for training or is presently certified to engage in SCUBA (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for SCUBA diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Physician's Signature or Legal Representative of Medical Practitioner Date _____
Day/Month/Year

Physician _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____



SHARK DIVE CLE

LIABILITY RELEASE, ASSUMPTION OF RISK, INDEMNITY AND WAIVER OF CLAIM AGREEMENT

PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS.

In consideration of my participation as a guest diver and/or participating in other diving related activities ("Activities") at and under the auspices of the Greater Cleveland Aquarium ("Aquarium"), I, the undersigned hereby agree as follows:

I am aware that my participation in such Activities has inherent risks and dangers, known and unknown, which may result in serious injury or death. Specifically, I understand that SCUBA diving with compressed air involves risks including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that may require treatment in a recompression chamber. I understand that the Greater Cleveland Aquarium does not have a recompression chamber, and that access to a recompression chamber will require time and travel. I still choose to proceed with the dive program in spite of the absence of a recompression chamber in proximity to the dive site.

_____ (initial)

I hereby state that I am a competent, certified SCUBA diver, trained in safe dive practices with knowledge of the risks and dangers of diving. In consideration of being allowed to participate in the Activities, I hereby personally assume any and all risk of personal injury (including death) and property damage which may occur during (and/or as a result of) the above referenced Activities at the Aquarium. _____ (initial)

I understand that SCUBA diving is a physically strenuous activity and that I will be exerting myself during this activity and that I may suffer heart attack, panic, hyperventilation, drowning, or any other cause whatsoever, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. I acknowledge that if I am unsure of the health risks associated with the Activities, I should contact a physician of my choice before participating in the Activities. I further affirm that I will not hold the Released Parties responsible if I am injured as a result of heart, lung, ear or circulatory problems or any other illnesses that occur while diving or that may be related to diving. I am aware of the dangers of breath holding while SCUBA diving and I will not hold the Released Parties responsible if I am injured doing so. _____ (initial)

I affirm I am in good mental and physical fitness and am not under the influence of alcohol or any drugs that are contraindicated to diving. If I am taking medication, I affirm that I have seen a physician and have the physician's approval to dive while under the influence of the medication. I understand that past or present medical conditions may be contraindicative to my participation in the Experience. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I further affirm that I have no history of seizures, dizziness or fainting, or a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. _____ (initial)

I understand that I will be diving with marine life during the Activities. I understand and acknowledge that these are wild animals and their behavior cannot be predicted or controlled. I affirm that if I am injured by any such marine life, regardless of the cause, I will not hold the Released Parties responsible for any such injury or death. I understand that I will be diving in a challenging aquarium condition including but not limited to confined spaces and overhead environment. I hereby agree to obey all safety requirements and instructions, and to honor all restrictions and limitations, during the above referenced activities at the Aquarium. I understand that if I do not follow safety requirements, my participation in the Activities will be immediately terminated. _____ (initial)

I will inspect all of my equipment prior to participation in the Activities and will notify the Released Parties or their employee/agent conducting the Activities, if any of the equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect equipment prior to the Activities. I will ensure that such equipment will be returned to the Aquarium in proper operating condition. I assume the responsibility and risk of any loss of, or damage to personal and/or Aquarium property that may occur as a result of my participation in such Activities whether caused in whole or in part by my conduct or omission. _____ (initial)

I understand that I am not entitled to any form of reimbursement or refund for cancellation or me not entering the water. _____ (initial)

I hereby release, acquit, exonerate, and forever discharge Greater Cleveland Aquarium and its owner and affiliates, including their shareholders, members, directors, officers, agents, volunteers, and employees (collectively, the "Released Parties") from any and all claims for personal injury (including death) and/or property damage which may occur during (and/or as result of) my participation in the Activities at the Aquarium, whether or not any such personal injury (including death) and/or property damage is caused in whole or in part by the negligence of the Aquarium and/or by the negligence of any other Released Party. _____ (initial)

To the extent permitted by applicable law, I hereby covenant and agree to defend, hold harmless, and indemnify the Released Parties from and against any and all claims, demands, judgments, losses, damages, punitive damages, obligations, actions, causes of action, costs, expenses, attorneys' fees, and liabilities which any of the Released Parties may sustain, incur or be required to pay, at any time after the date of this Agreement, whether or not any such Released Party was negligent, for personal injury (including death) and/or property damage in any manner arising in connection with (and/or as a result of) the above referenced Activities at the Aquarium or which may arise as a result of the need for first aid treatment and/or related services rendered, by the Released Parties or third-party medical professionals, in connection with my participation of the Activities. _____ (initial)

I grant the Aquarium permission to use name, picture, likeness, and/or voice in any manner for any advertising or promotion for the Aquarium, whether broadcast, published, or used in other medium, and to maintain such name, picture, likeness, and/or voice in a database for future use, all without remuneration, all to the fullest extent permitted by applicable law. _____ (initial)

This Agreement shall apply and shall be enforceable to the full extent permitted by applicable law; and if any provision of the Agreement is held or deemed to be unenforceable or void, the remaining provisions shall nevertheless continue in full force and effect. _____ (initial)

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 resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties. _____ (initial)

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 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. _____ (initial)

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS, AND AGREE TO BE LEGALLY BOUND HEREBY. I HAVE FREELY EXECUTED THIS RELEASE.

Participant Signature

Participant Name (please print clearly)

Date (day/month/year)

DIVER INFORMATION

Diver's Name _____

Age _____

Diver's Email _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Relationship to Diver _____

Current Dive Certification: _____

Certification Number: _____ Certification Date: _____

of Dives: _____ Date of Most Recent Dive: _____

Where have you dived?

What are your feelings toward the Shark Dive CLE?

Thrilled Nervous Excited Anxious Other _____

Do you have any aquarium diving experience? YES / NO

Is this diving experience a gift from someone? YES / NO

Are you traveling by plane to Cleveland? YES / NO

Wetsuit Size (men's)

XS	S
M	L
XL	XXL

Shoe Size (men's)

6	7	8
9	10	11
12	13	+

Height: _____

Weight: _____

Have you attached a copy of your SCUBA cards? YES / NO

Have you attached a copy of your photo ID? YES / NO

Are you a DAN member? YES / NO

DAN Member Number: _____

How many guests are you planning to bring to watch your dive? (additional tickets can be purchased at a discounted group rate by calling 216.862.8803 ex.7700) _____

Participant Signature _____

Participant Name (please print clearly) _____

Date (day/month/year) _____