Training Record

Student Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS OR PO BOX (LINE 1)	ADDRESS (LINE 2)

CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY

PRIMARY PHONE NUMBER (MOBILE IS BEST)	E-MAIL ADDRESS

Instructor 1

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Instructor 2

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Instructor 3

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Instructor 4

FIRST NAME	LAST NAME

PHONE (MOBILE IS BEST)	INSTRUCTOR NO.
(954) 792-4977	

EMAIL
fun@aquaticventures.com

Skill Development and Application

Skill	Confined Water Date	Instructor Name or Number	Open Water Date	Dive No.	Instructor Name or Number
Watermanship assessment					
Regulator recovery and clearing					
Mask clearing (partial and full)					
Mask removal/replacement					
No mask swim (15 m/50 ft)					
BC oral inflation (surface)					
Surface swim (50 m/50 yd)					
Cramp removal					
Tired diver tow					
BC use under water (power and oral)					
Snorkel/Regulator Exchange					
Descents and ascens					
SMB deiployment					
Alternate use (stationary/ascending)					
Independent emergency ascent					
Underwater navigation					
Regulator free flow					
Air depletion exercise					
Runaway power inflator					
Weight removal/replacement (surface)					
Scuba removal/replacement (surface)					
Weight removal/replacement (u/w)					
Scuba removal/replacement (u/w)					

Confined Water Instructor Statement: "On the date(s) listed, this student met all of the requirements for confined water skill development required by standards."

Instructor Name or Signature _____ Instructor Number _____ Date _____

Open Water Instructor Statement: "On the date(s) listed, this student met all of the requirements for open water skill application required by standards."

Instructor Signature _____ Instructor Number _____ Date _____

Student Statement: "I understand and have met all the requirements for certification."

Student Signature _____ Date _____

Knowledge Development

Open Water Diver eLearning Course Completed	Date
☐ DQG ☐ SDI ☐ PADI ☐ NAUI ☐ SSI ☐ Other	

Student Statement: "I have reviewed the eLearning program with my instructor and understand the correct answer to all question."

Studentr Signature _____ Date _____

Student Record

Student Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS OR PO BOX (LINE 1)	ADDRESS (LINE 2)

CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY

PRIMARY PHONE NUMBER (MOBILE IS BEST)	E-MAIL ADDRESS

HOW DID YOU HEAR ABOUT US?

☐ SEARCH ENGINE ☐ FACEBOOK ☐ TWITTER ☐ INSTAGRAM ☐ WORD OF MOUTH ☐ OTHER: _____

Emergency Contact *(Who you want us to call)*

NAME	PHONE NUMBER	
		☐ PARENT ☐ SPOUSE ☐ FRIEND ☐ CHILD ☐ SIBLING ☐ OTHER: _____

Liability Release and Assumption of Risk

I, the undersigned, hereby affirm that I have been advised and informed of the inherent hazards of scuba and skin diving. By my signature below I acknowledge having read and hereby agree to the following liability release and assumption of risk.

As consideration for being allowed to enroll in diver training activities, I assume all risks, whether foreseen or unforeseen, in connection with those activities, for any harm, injury or damage to me while I am enrolled.

I acknowledge that certain hazards inherent to scuba diving may expose me to risk of serious accident or injury. I acknowledge that scuba diving and skin diving cause physical strain or exertion only experienced in diving. I assume all risk for, and will not hold the Released Parties (as defined below) responsible for, any injuries, including injuries due to heart attack, panic, hyperventilation or other injuries caused by physical strain and exertion or accidental injury.

I understand that there is a risk of decompression illness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that the diving trips, which are necessary for training and for certification, may be conducted at dive sites that are remote in time, distance, or both, from such a recompression chamber. Despite the possible lack of a recompression chamber near the dive site, I still choose to proceed with such instructional dives.

This Liability Release and Assumption of Risk ("Release") applies to all diving activities in which I choose to participate as a part of Aquatic Ventures LLC diver training course. These diving activities and instruction may include, but are not limited to, navigation, night, deep, altitude, boat, drift, drysuit, wreck, multilevel, search and recovery, naturalist, and photography dives. This Release applies to all instructors, certified assistants, divemasters, employees, agents and assigns of Aquartic Venturees, through which such training activities, as identified above, are conducted, and the training agencies SDI, TDI, NASE, PADI and NAUI.

I understand and agree that neither my instructor(s), assistant instructors, divemasters, Aquatic Ventures LLC and/or the named party through which I receive my instruction as named above; nor SDI, TDI, NASE, PADI and NAUI, nor any of their respective employees, officers, agents or assigns, ("Released Parties") may be held liable or responsible in any way for any injury, death, other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities or as a result of the negligence of any party, including the Released Parties.

I am aware that any items uploaded to the Aquatic Ventures website become property of Aquatic Ventures, and may be used in advertisements.

I further release the Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in these activities including both claims arising during the activities or after I receive my certifications. I am of lawful age and legally competent to sign this Release, or I have the written consent of my parent or guardian. I hereby agree that this Release will be effective and valid for all diving activities as defined above and is a valid and legally binding obligation.

_____ _____

Participant Signature Date

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 and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to box **A**	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box **B**	No ☐
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 ☐*	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to box **C**	No ☐
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to box **D**	No ☐
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 or developmental disability.	Yes ☐ Go to box **E**	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☐
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes ☐*	No ☐

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

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)

The instructor staff of Aquatic Ventures

Instructor Name (Print)

Aquatic Ventures

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, 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.

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Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes☐*	No ☐
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☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes☐*	No ☐

BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes☐*	No ☐
I have a high cholesterol level.	Yes☐*	No ☐
I have high blood pressure.	Yes☐*	No ☐
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☐*	No ☐

BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes☐*	No ☐
Eye surgery within the past 3 months.	Yes☐*	No ☐

BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes☐*	No ☐
Persistent neurologic injury or disease.	Yes☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes☐*	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes☐*	No ☐

BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes☐*	No ☐

BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes☐*	No ☐
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes☐*	No ☐

BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes☐*	No ☐
Bariatric surgery within the last 12 months.	Yes☐*	No ☐

*Physician's medical evaluation required (see page 1).

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Diver Medical | Medical Examiner's Evaluation Form

Participant Name (Print) **Birthdate** 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.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

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 (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

© DMSC 2020

Acknowledgment of Safe Diving Practices

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

STREET ADDRESS OR PO BOX (LINE 1)	ADDRESS (LINE 2)

CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY

PRIMARY PHONE NUMBER (MOBILE IS BEST)	E-MAIL ADDRESS

By this statement you acknowledge your understanding of established safe diving practices intended to increase your safety. You must sign this acknowledgment as proof you are aware of these practices. Read and understand the statement prior to signing it. If you are under the age of 18, this form must also be signed by a parent or guardian.

I, the undersigned, understand the following:

The Six Rules

1. *Breathe continuously while on scuba:* Do not skip breathe or hold your breath. Do not hyperventilate when breath-hold diving. Avoid overexertion while in and under water.
2. *Equalize early and often while descending:* Never go deeper than you can comfortably equalize.
3. *Ascend slowly:* Stay well within your dive computer's ascent rate and under no circumstances come up faster than 10 m/30 ft per minute. Always spend the last three to five minutes of every dive between 3-6 m/10-20 ft.
4. *Continuously monitor depth, time and pressure:* Stay well within your planned limits for each. Establish a Minimum Gas Reserve (MGR — the point at which you *must* begin ascending) and stay well within the remaining Usable Gas.
5. *Do not overweight yourself:* Always use the least weight possible. Check your buoyancy at the end of every dive by ensuring you can hover, motionless, at safety-stop depth with no air in your BC. Always establish positive buoyancy upon reaching the surface by at least partially inflating your BC.
6. *Dive like a fish (and not like an ape):* Strive to maintain a near-horizontal body position under water while swimming and resting. Avoid standing, kneeling or sitting on the bottom.

Additionally:

- Maintain good mental and physical fitness for diving. Do not dive when under the influence of alcohol or drugs.
- Stay within the limits of your training and experience. Maintain proficiency through continuing education or simply diving actively. Seek refresher training after periods of inactivity.
- Use complete, safe and familiar equipment. Have all equipment inspected and serviced according to manufacturer recommendations. Inspect equipment for correct fit and function prior to each dive.
- When appropriate, use a boat, float or other surface support.
- Obtain an orientation to unfamiliar dive sites.
- Listen carefully to briefings. Follow the instructions of dive supervisors.
- Monitor dive conditions. If they deteriorate, postpone diving or select an alternate site.
- Plan and make dives as a team. Go over communications, procedures for reuniting in case of separation and emergency procedures.
- Obey all local diving laws and regulations, including fish-and-game and dive-flag laws.

Student Statement

- I realize there are certain inherent hazards in diving including, but not limited to, drowning, decompression illness and lung expansion injuries, including air embolism. I understand there are other hazards I have been made aware of from my training. I further understand a recompression chamber and medical assistance may not always be available at all locations I choose to dive in the future. I further understand that correct use of any dive table or dive computer does not eliminate the risk of decompression illness (DCI). I further understand that alcohol and drug use while diving can result in death.
- I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to dive in areas and under conditions similar to those in which I was trained. I realize that additional training is required for specialty diving activities, in other geographic areas, and after periods of inactivity that exceed six months. I know that I must abide by Safe Diving Practices as outlined here, and that failure to do so may result in serious injury or death. I understand that my personal safety is my responsibility and not that of anyone else. At no time will I dive with questionable equipment or conduct any dive without complete equipment.
- My scuba certification cards reflect that I have received training in the use of scuba. Should I neglect to maintain these skills, I know that I must receive refresher training from a certified Instructor to bring my skills to a level where I am prepared for safe diving. I will exercise reasonable care in my diving and in the selection, use, and maintenance of my equipment. In consideration of certification, I confirm that I have received training to the level indicated upon my certification card.
- I understand and agree that neitther my instructor(s), assistant instructors, divemasters nor Aquatic Ventures LLC may be held liable in any way for any occurrence in connection with my future diving which may result in damage to me, my family, heirs or assigns. I agree to save and hold harmless said named parties from any claim by me, my family, estate, heirs and assigns arising out of my participation in scuba or skin diving. I have read and by way of my signature below confirm that I understand this affirmation and release. I further state that I am of lawful age and legally competent to sign this affirmation and release.

Participant Signature	Date	Parent/Guardian Signature	Date

If the participant is under the age of 18, then the parent or guardian must sign this contract and agree to be legally bound by it and furthermore be legally responsible for the minor participant, including being responsible for all damage, injury or death which may occur as a result of the minor's participation in diving activities. The parent or guardian's hereby agrees to be fully responsibility to the released parties for any damage, injury or death caused by the minor, including actions brought by the minor, for any damages whatsoever.

Aquatic Ventures Rental Agreement

Renter Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS OR PO BOX (LINE 1)		ADDRESS (LINE 2)	
CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PRIMARY PHONE NUMBER (MOBILE IS BEST)		E-MAIL ADDRESS	

Rental Dates

DATE PICKED UP	SCHEDULED RETURN DATE	ACTUAL RETURN DATE	TOTAL RENTAL DAYS

Rental Items (equipment will be issued at start of class)

Qty	Item Description	Item Number(s)	Size(s)	Replacement Value	Daily Rental	Total
	TUSA Regulator System			$1,295.00	$49.95	
	TUSA Liberator BC			$395.00	$39.95	
	TUSA Weight Pockets			$39.95		
	Weights (Replacement Value is per Pound)			$4.29		
	TUSA Element Dive Computer			$395.00		
	Scuba Diving Mask			$110.00		
	Scuba Diving Snorkel			$49.00		
	Scuba Diving Fins			$120.00		
	Wetsuit			$395.00	$ 10.00	
	Scuba Tank (Daily Rate Varies With Mix)					
	Complete Scuba Package with Air Tank				$ 99.95	
Total, all items						

Please Note:

- This page is Page 1 of a two-page document. It must be completed and both pages signed by the renter to be in force.
- A regulator system, as listed above, consists of the following:
  - A regulator first stage
  - A primary second stage
  - A secondary or alternate-air-source second stage
  - A low-pressure BC inflator hose
  - An instrument console with SPG and depth gauge
- Any exceptions are to be listed below.

_____

_____

Renter Statement: "I acknowledge receipt of the equipment listed above."

_____ _____

Renter Signature Date

Rental Agreement • Page 2

This page is Page 2 of a two-page document. It must be completed and signed by the renter to be in force.

1. The renter shall keep and maintain the rented equipment during the terms of the rental at his/her own cost and expense. He/She shall keep the equipment in a good state of repair, normal wear and tear excepted.
2. The renter shall pay Aquatic Ventures LLC full compensation for replacement and/or repair of any equipment which is not returned because it was lost or stolen or any equipment which is damaged and in need of major repair to put it into the same condition it was in at the time of rental, normal wear and tear excepted. Aquatic Ventures's invoice for replacement or repair is conclusive as to the amount renter shall pay under this paragraph for repair or replacement.
3. The renter indemnifies and holds Aquatic Ventures harmless for all injuries or damage of any kind for repossession and for all consequential and special damages for any claimed breach of warranty.
4. The renter shall pay all reasonable attorney and other fees, the expenses and costs incurred by Aquatic Ventures in protection its rights under this rental agreement and for any action taken Aquatic Ventures to collect any amounts due Aquatic Ventures under this rental agreement.
5. The renter agrees not to allow any person other than him/herself to use the equipment listed on Page 1.
6. The renter, on behalf or him/herself, his/her heirs or assigns, to hold Aquatic Ventures harmless for any loss, damage and/or injuries the renter may suffer while using the equipment listed here.
7. These terms are accepted by the renter upon delivery of the terms to the renter or the agent or other representative of renter.

Renter Statement: "I agree to the terms listed above."

_____ _____

Renter Signature Date

Aquatic Ventures LLC
3720 Davie Blvd
Ft Lauderdale, FL 33312
(954) 792-4977

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