

Dive Authorization Course - Hydrology

1. Which part of the Edwards Aquifer covers the largest geographic zone?
 - a. drainage
 - b. artesian
 - c. recharge
 - d. none of the above

2. An underground formation containing large amounts of water is a/an
 - a. fault zone
 - b. aquifer
 - c. drainage area
 - d. recharge zone

3. The San Antonio segment of the Edwards Aquifer extends 176 miles from in the west to Kyle in the east.
 - a. Brackettville
 - b. El Paso
 - c. Laredo
 - d. Austin

4. Water is essential to most forms of life.
 - a. True
 - b. False

5. All terrestrial life is dependent upon less than of the world's water supply.
 - a. 10.5%
 - b. 0.65%
 - c. 1%
 - d. 5%

6. As local populations grow, what can happen to an aquifer?
 - a. More and more water is drawn from the aquifer
 - b. Pollution of the aquifer increases
 - c. Water levels decrease
 - d. All of the above

7. By the year_____, as many as_____Texas cities may not have enough water.

8. The Edwards Aquifer is a limited resource.
 - a. True
 - b. False

9. Contaminants are most likely to penetrate an aquifer in the area.
 - a. drainage
 - b. recharge
 - c. artesian
 - d. coastal

10. Once a contaminant enters an aquifer, it is extremely difficult to trace back to its source and eliminate.
 - a. True
 - b. False

11. Artesian springs occur when _____ in the overlaying impervious rock allow water under _____ to flow upwards.

12. The Edwards Aquifer is an underground layer of porous limestone that fluctuates in thickness between:
 - a. 30 - 70 feet
 - b. 300 - 700 feet
 - c. 3,000 - 7,000 feet
 - d. 30,000 - 70,000 feet

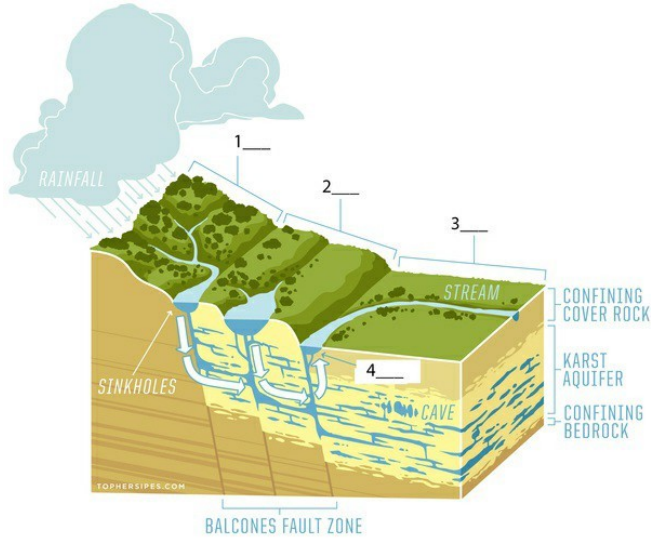
13. The Edwards Plateau where the drainage area is located, is also known as:
 - a. The Texas Hill Country
 - b. Spring Lake
 - c. The Balcones Fault
 - d. The Coastal Plain

14. What does artesian mean?
 - a. bottled water
 - b. water under pressure
 - c. mineralized water
 - d. none of the above

15. The artesian zone of the Edwards Aquifer is trapped between two relatively impermeable layers.
 - a. True
 - b. False

16. The San Marcos Springs have never stopped flowing in recorded history.
 - a. True
 - b. False

17. Identify the numbered features as either:
 - a. Artesian
 - b. Drainage
 - c. Recharge
 - d. Spring



18. What feature (now dormant) was responsible for the formation of a system of faults and fissures through which water flows?
- Texas Black Land Prairie
 - The Balcones Fault
 - The Edwards Plateau
 - The Coastal Plain
19. Spring Lake is a man-made _____ located along the _____.
20. Spring systems have unique characteristics that provide relatively isolated, island like, ecosystems that are highly endemic.
- True
 - False

I have reviewed my wrong answers with the instructor and understand them now. (please sign and date).

Dive Authorization Course - Archaeology/History

1. The law that governs archaeological remains in the state of Texas is called:
 - a. The Texas Archaeology Act
 - b. The Texas Law of Artifacts
 - c. The Antiquities Code of Texas
 - d. The Texas Prehistory Law

2. The legal custodian of all cultural resources, historic and prehistoric, on all Texas State University property, including the Meadows Center is:
 - a. The State of Texas
 - b. The Meadows Center for Water and the Environment
 - c. Texas State University Archaeologists
 - d. The Texas Historical Commission

3. In order to conduct any archaeological investigations, including artifact collection on any public lands (including the Meadows Center and Spring Lake) one must have:
 - a. permission from the land owner
 - b. permission from the Meadows Center
 - c. a valid permit from the Texas Historical Commission or supervision from someone that holds such a permit
 - d. none of the above

4. Anyone convicted of a violation of the Antiquities Code of Texas may (choose all that apply):
 - a. be fined up to \$1,000
 - b. be placed in jail for up to 30 days
 - c. lose their driver's license
 - d. be asked to leave Texas

5. If any archaeological remains or artifacts (either historic or prehistoric) are encountered anywhere above or below the surface at Spring Lake, you should:
 - a. pick them up and take them to the Meadows Center main office
 - b. cover them up and report them to the Texas State University Anthropology Department
 - c. examine them carefully and share them with your friends
 - d. mark the location (without disturbing the artifact) and report the finding to Meadows Center staff

6. When diving in Spring Lake you are encouraged to move all rocks and look for arrowheads and artifacts everywhere you go.
 - a. True
 - b. False

7. Anthropology is the study of:
 - a. human culture
 - b. rocks
 - c. endangered species
 - d. the history of earth

8. Archaeology is the study of:
 - a. arches
 - b. freshwater ecosystems
 - c. past peoples and cultures through the excavation and examination of material remains
 - d. building design

9. An artifact is any object that has been used and/or made by man that is over 50 years old.
 - a. True
 - b. False

10. The oldest known artifacts yet found in the area around Spring Lake belonged to the people of the:
 - a. Comanche
 - b. Karankawa
 - c. Clovis
 - d. Tonkawa

11. Dr. Joel Shiner began his archaeological investigation at Spring Lake in:
 - a. 1950s
 - b. 1960s
 - c. 1970s
 - d. 1980s

12. Collecting artifacts is considered archaeology.
 - a. True
 - b. False

13. When General Burleson built his dam in 1849 he unwittingly created an underwater archaeological preserve.
 - a. True
 - b. False

14. The Cantona Indian culture name for the San Marcos Springs, Canocanayestatelo, means:
 - a. cool water
 - b. hot water
 - c. healing waters
 - d. none of the above

15. The first Spanish settlement in San Marcos was not until:
 - a. 1620
 - b. 1540
 - c. 1755
 - d. 1820

16. The archaeological sites found in Texas are historically and scientifically important to our state because they contain the tangible remains of our rich history.
- True
 - False
17. Dr. Joel Shiner's work established that humans have continuously inhabited the San Marcos Springs for the last 13,000 years.
- True
 - False
18. Humans and animals have been attracted to this site because of the abundant source of water, which has never ceased to flow in recorded history.
- True
 - False
19. Throughout history, which cultures have frequented the San Marcos Springs? (select all that apply)
- Tonkawa
 - Comanche
 - Clovis
 - Cantona
20. The _____ family developed Spring Lake into an amusement park called _____.
- Brown, Springtown USA
 - Rogers, Aquarena Springs
 - Smith, Weeki Wachee West
 - Williams, Heavenly Springs

I have reviewed my wrong answers with the instructor and understand them now. (please sign and date).

Dive Authorization Course - Biology of Spring Lake

1. The San Marcos Springs Ecosystem contains species that are listed as threatened or endangered.
 - a. 6
 - b. 8
 - c. 10
 - d. 12

Instructor note: One of these species the San Marcos Gambusia is most likely extinct. It seems no one wants to be the person that actually has to make that call.

2. Spring Lake and the Upper San Marcos River are biologically diverse because of _____ due to _____ ; _____ , _____ , _____ , and _____ .
3. The Endangered Species Preservation Act allows the listing of only native species as endangered or threatened based on declining numbers or loss of habitat.
 - a. True
 - b. False
4. Once a species is listed as endangered it can never be removed from that status.
 - a. True
 - b. False
5. The seven endangered species in the San Marcos Springs are the _____ , _____ , _____ , _____ , _____ , _____ , and _____ . The one threatened species is the _____ .
6. An endangered species may be captured without permit, provided it is for scientific purposes.
 - a. True
 - b. False
7. For our purposes, range refers to:
 - a. a stove top
 - b. where cattle graze
 - c. the geographic area where a species can be found
 - d. the distance to an object
8. An example of habitat would be:
 - a. North America
 - b. The Galapagos Islands
 - c. Rocky Substrate
 - d. Central Texas

9. Which of our endangered species is found within the Edwards Aquifer and beneath San Marcos? _____
10. Which of our endangered species has been found historically in the upper portion of the San Marcos River but not been seen since 1983? _____
11. Name **at least one** endangered species that requires clean, clear flowing waters of a constant temperature as one of its necessities for habitat. _____
12. Name **at least one** of our endangered species that has the Comal Springs and the San Marcos Springs as its range? _____
13. Name one of the three endangered species that were first found following flooding in 2007?

14. Texas Wild Rice can be found throughout the Texas Hill Country.
- True
 - False
15. Major threats to the San Marcos Springs Ecosystem are (choose all that apply):
- diminishing spring flows
 - pollution of the aquifer and surface waters
 - habitat modification
 - the introduction of non-native species
16. Which two of the threatened/endangered species are you most likely to encounter while doing volunteer work in Spring Lake?
- Gambusia and Texas Wild Rice
 - Fountain Darters and San Marcos Salamanders
 - Peck's Cave Amphipod and Texas Blind Salamander
 - Comal Springs Riffle Beetle and Comal Springs Dryopid Beetle
17. Aquatic plant identification is a necessary skill for Volunteer Divers in order to perform underwater gardening in Spring Lake.
- True
 - False

18. A total of ___ native plants and _____ introduced plants have been found in Spring Lake.

19. _____ is one of the most common native submerged aquatic plants in Spring Lake.

- a. coontail
- b. arrowhead
- c. cabomba
- d. Texas Wild Rice

20. The penalties for violating the Endangered Species act are:

I have reviewed my wrong answers with the instructor and understand them now. (please sign and date).

Dive Authorization Course - Diving Safety

1. The Spring Lake Gear Wash Procedure helps to protect Spring Lake from the threat of invasive species.
 - a. True
 - b. False
2. When is it OK to not follow the gear rinse procedure?
 - a. If gear was last used in a chlorinated pool
 - b. If gear has been used exclusively in Spring Lake
 - c. If gear was last used in a saltwater environment
 - d. All of the above
3. Invasive Species cost the United States @ how much each year?
 - a. \$135 million
 - b. \$56 billion
 - c. \$137 billion
 - d. \$242 billion
4. How far in advance of the day you wish to dive does your volunteer dive need to be scheduled?
 - a. 12 hours
 - b. 24 hours
 - c. 36 hours
 - d. 72 hours
5. A parking pass is required for all divers that volunteer during the week.
 - a. True
 - b. False
6. Volunteer divers are expected to conduct themselves responsibly and respectfully at all times.
 - a. True
 - b. False
7. A maximum of _____ Volunteer Divers can enter Spring Lake on any given day.
 - a. 4
 - b. 6
 - c. 8
 - d. 12
8. Only _____ volunteer divers are allowed beyond the training area at a time for a maximum of _____ hours.
 - a. 6, 2
 - b. 8, 4
 - c. 4, 3
 - d. 12, 1

9. All volunteer divers are required to wear a yellow tank cover to increase visibility for boats and so that they are identifiable to Meadows Center Staff and University Police.
- True
 - False
10. Two of the most important skills to help ensure diver safety and protection of the environment are _____ and _____.
- mask clearing, equipment prep
 - free diving, buddy breathing
 - buoyancy control, situational awareness
 - equipment removal, fin pivot
11. Diving activities that are prohibited in Spring Lake are:
- _____
- _____
12. Hazards that can be encountered while diving in Spring Lake are:
- _____
- _____
13. Divers can help to prevent heat stroke and heat exhaustion by staying in the shade as much as possible, keeping hydrated, and by not donning thermal protection until ready to enter the water.
- True
 - False
14. Divers should use designated pathways to avoid wildlife and tripping hazards.
- True
 - False
15. A diver with a full cave diving certification is allowed to enter cave entrances in Spring Lake.
- True
 - False
16. All divers are expected to follow proper planning and management of their breathing gas in order to ensure that ___ divers can safely return to their _____, without _____.
- _____.
17. If you must surface in Spring Lake, please:
- move to the closest shoreline, avoiding boat traffic
 - surface immediately, no matter where you are
 - surface as close to a boat as possible to receive assistance
 - none of the above

18. All divers are required to read and be familiar with the Spring Lake Dive Accident Management Plan.
- a. True
 - b. False
19. In order to maintain your status as a volunteer diver, you are required to log at least _ hours of volunteer time per year, and adhere to the rules and protocols set forth in _____.
20. Volunteer divers are responsible for having a complete, well maintained, and reliable set of diving equipment with which they are familiar, on every dive.
- a. True
 - b. False

I have reviewed my wrong answers with the instructor and understand them now. (please sign and date).



THE MEADOWS CENTER
FOR WATER AND THE ENVIRONMENT

TEXAS STATE UNIVERSITY

Volunteer Diver Agreement for SCUBA Diving in Spring Lake

To be completed by all volunteer divers. Please submit this agreement with a copy of your:

- Proof of Certification
- Proof of 20 logged dives beyond training (photocopy of the last page of your dive log)

This agreement between the Meadows Center for Water and the Environment (MCWE) at Texas State University and (Print name) _____ of (city/state) _____ was made this _____ day of _____ 20__.

Statement of Qualifications: I, _____, am a certified SCUBA diver by (name of agency) _____, and my agency number is _____.

Statement of Purpose: I plan to participate as a Spring Lake Volunteer Diver beginning on (date) _____.

WITNESS the following conditions to SCUBA dive in Spring Lake (please initial):

- _____ 1. I certify that I am a trained SCUBA diver with at least 20 dives beyond my certification dives.
(Initial)
- _____ 2. I agree to abide by the policies of the SCUBA Diving agency I am trained by and the MCWE Diving Standards Manual regarding safety while SCUBA diving in Spring Lake.
(Initial)
- _____ 4. I agree to hold harmless The Meadows Center for Water and the Environment, Texas State University and their agents for all activities for which I am responsible, and to assume full responsibility for these activities, when conducted in Spring Lake.
(Initial)
- _____ 5. I have reviewed the Spring Lake Dive Accident Management Plan and am familiar with it.
(Initial)
- _____ 6. I agree that on every dive, I will provide my own SCUBA diving equipment that is complete, well-maintained, reliable and with which I am familiar; and inspect it for correct fit and function prior to each dive.
(Initial)
- _____ 7. My diving equipment will have as a minimum, a buoyancy control device, a low-pressure buoyancy control inflation system, suitable thermal protection, a tank with sufficient breathing gas to complete the objectives of the dive I am assigned, a submersible pressure gauge and alternate air source and dive planning/monitoring device (watch, bottom timer, dive computer, dive tables) when scuba diving.
(Initial)
- _____ 8. I agree to obey local laws and regulations, including environmental, archaeological, and dive flag laws. I agree to wear a yellow tank cover on every dive to identify myself to all boats and the MCWE staff.
(Initial)
- _____ 9. I agree to perform at least 4 hours per year of volunteer work to maintain my privileges as an authorized volunteer at Spring Lake.
(Initial)
- _____ 10. I have read and understand the Spring Lake gear wash protocols and will abide by them.
(Initial)
- _____ 11. I understand that if I do not abide by the conditions of this agreement it could lead to the revocation of my privileges to dive at Spring Lake.
(Initial)

Print Name _____ Signature _____

Telephone # _____ email _____

DAC INSTRUCTOR _____ DAC COURSE DATE _____



MCWE SCUBA DIVER ASSUMPTION OF RISK, WAIVER AND RELEASE

(To be filled out by all divers. Read and initial each paragraph and sign below)

I, _____, the undersigned, in consideration of the Meadows Center for Water and the Environment at Texas State University (MCWE) providing me with the opportunity to engage in scuba diving activities under MCWE auspices, agree that:

(Initial)

1. **I fully recognize and appreciate the dangers and hazards inherent in scuba diving to which I may be exposed during scuba diving**, including but not limited to arterial gas embolism, ear and/or sinus barotrauma, decompression sickness, oxygen toxicity, drowning, near-drowning, and/or dysbaric osteonecrosis and other long-term effects, as yet poorly defined, and also during transportation to and from dive locations. I do hereby agree to assume all the risks and responsibilities surrounding my participation in diving or any independent research or educational activities undertaken as an adjunct thereto;

(Initial)

2. **I understand that diving operations may be conducted at remote locations** at which a recompression chamber is not available and from which evacuation to such a chamber may be delayed by many hours.

(Initial)

3. **My participation in diving is voluntary**; that I have the right and responsibility to refrain from diving if I feel the activity or conditions are not safe, that my fitness is not adequate for the dive, or for any other reason. I understand I will not be penalized in my employment or academic record for any such refusal.

(Initial)

4. **My authorization to dive is a privilege granted upon compliance with MCWE requirements**. I will follow the rules and precautions for conducting diving operations that are part of the requirements for my authorization to dive under MCWE auspices, as set forth in the MCWE Diving Standards Manual, as well as those procedures explained to me by the MCWE Diving Control Board, Diving Safety Officer or their agents. I understand that failure to comply may result in review, restriction, or revocation of my authorization to dive under MCWE auspices by the MCWE Diving Control Board.

5. FURTHER, IF I PARTICIPATE IN DIVING ACTIVITIES THAT ARE NOT AN OFFICIAL ACT OF MY MCWE EMPLOYMENT, OR IF I AM NOT A MCWE EMPLOYEE:

(Initial)

a. **I do for myself, my heirs, executors, and administrators hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the MCWE, The Texas State University System, the Board of Regents of The Texas State University System, Texas State University its trustees, officers, employees, agents, volunteers, and assigns from and against any and all claims, demands, and actions, or cause of action on account of damage to personal property, or personal injury or death which may result from my participation, **and with or without the fault or negligence of the MCWE**, The Texas State University System, the Board of Regents of The Texas State University System, Texas State University its trustees, officers, employees, agents, volunteers, and assigns during the period of my participation as aforesaid;

(Initial)

b. **I agree to INDEMNIFY, DEFEND AND HOLD HARMLESS** the MCWE, The Texas State University System, the Board of Regents of The Texas State University System, Texas State University, its trustees, officers, employees, agents, volunteers, and assigns from and against any and all claims, demands, and actions for property damage or personal injury or death which may result from my participation **and with or without the fault or negligence of the MCWE**, The Texas State University System, the Board of Regents of The Texas State University System, Texas State University its trustees, officers, employees, agents, volunteers, and assigns during the period of my participation.

I affirm that I have read this statement and fully understand that by signing this form I may be giving up legal rights and/or remedies regarding any losses I may sustain. I agree that if any portion of this statement is held invalid, the remainder will continue in full force and effect. I agree that I have freely and voluntarily caused this release to be executed this _____ day of _____, _____.

Diver Signature: _____ Parent/Guardian Signature: _____
(if diver is under age 18)

Diver Name: _____ Parent/Guardian Name: _____

Please read carefully and fill in all blanks before signing.

MEDICAL STATEMENT – Participant Record, (Confidential Information)

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.

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. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately. 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

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 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 anti-malarial)
- 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
 - are currently receiving medical care
 - have a high cholesterol level
 - high blood pressure
 - have a family history of heart attack or stroke
 - diabetes mellitus, even if controlled by diet alone

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?



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.

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

The information I have provided about my medical history is accurate to the best of my knowledge. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in scuba programs. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition, or any changes thereto.



Continuing Education Administrative Document

Standard Safe Diving Practices Statement of Understanding

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____ participant name _____, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/ dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.

4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. I have read the above statements and have had any questions answered to my satisfaction.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members (“Members”), including _____ store/resort _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations (“PADI”). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members’ business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort _____ and/or the instructors and divemasters associated with the activity.



Continuing Education Administrative Document

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

I, _____, participant name, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. 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 further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").

I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs _____, store/resort, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in the Programs or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that may befall me while I am a participant in the Programs including, but not limited to, the academics, confined water and/or open water activities. I further release, exempt and hold harmless said Programs and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification(s).

I understand that past or present medical conditions may be contraindicative to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in the Programs and agree to accept responsibility for my failure to do so.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, 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. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the date on which I sign this Agreement.

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.

I, _____, participant name BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, 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 NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, MEDICAL STATEMENT AND STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING BY READING THEM BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature _____

Date (Day/Month/Year) _____

Signature of Parent or Guardian (where applicable) _____

Date (Day/Month/Year) _____