



BSA Venture Crew 820



## BSA VENTURE CREW 820- Square Lake, Pumpkin October 6<sup>th</sup>, 2019 Limitation of Liability Participant Record.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

### Medical History

To the participant:

Check any of the following that apply to your medical history or present condition. **If any (1-16) of these items do apply to you, we must require that you consult a physician prior to participating in a scuba experience.**

- ☐ 1. I am currently suffering from a cold or congestion.
- ☐ 2. I am currently taking medication that carries a warning.
- ☐ 3. I have a history of respiratory problems or disease.
- ☐ 4. I am diabetic. airplane or mountain travel.
- ☐ 5. I have a history of seizures, dizziness or fainting.
- ☐ 6. I have a history of heart condition, (e.g.: cardiovascular disease, angina, heart attack).

- ☐ 7. I currently have an ear infection.
- ☐ 8. I have recently had an operation or illness.
- ☐ 9. I have a history of sinus problems.
- ☐ 10. I am pregnant.
- ☐ 11. I have had asthma, emphysema or tuberculosis.
- ☐ 12. I am claustrophobic.
- ☐ 13. I smoke 10 or more cigarettes a day.
- ☐ 14. I have had problems equalizing my ears with
- ☐ 15. I have a nervous system disorder.
- ☐ 16. I am under the care of a physician or I have a chronic illness.

### Liability Release and Assumption of Risk

**Please read carefully before signing.**

I, [Participant Name], \_\_\_\_\_ hereby, affirm that I have been advised and informed of the inherent hazards of scuba diving. I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injuries can occur. I understand and agree that neither my Instructor(s), Dive Masters, Northland Scuba, Northern Star Council of the Boy Scouts of America, BSA Venture Crew 820, SSI, PADI, "Released Parties"), may be held liable or responsible in any way for an injury, death or other damages to me or my family, heirs or assigns that may occur as a result of my participation in this experience 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 this experience, I hereby save and hold harmless said program. I personally assume all risk in connection with this experience for any harm, injury or damage that may befall me while a participant in the experience, including all risk connected therewith, whether foreseen or unforeseen.

I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this experience, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that this experience is designed to provide me with an introduction into scuba diving is a pool environment. The experience is not intended to train me as a competent diver. I further understand and agree that I must be thoroughly instructed in the use of scuba in a certification course under the direction of a qualified instructor to become a certified, competent diver.

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 that the terms herein are contractual and not a mere recital, and that I having signed this document of my own free act.

IT IS THE INTENTION OF [Participants Name] \_\_\_\_\_  
BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTOR(S), THE FACILITY  
THROUGH WHICH THIS EXPERIENCE IS OFFERED AND NORTHERN STAR COUNCIL OF  
THE BOY SCOUTS OF AMERICA, AND ALL RELATED ENTITIES 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 OF  
ACTIVE.

I ALSO ACKNOWLEDGE THAT I HAVE ALSO READ, HAD EXPLAINED TO ME, AND  
UNDERSTOOD THE MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF  
MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL  
STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE  
AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF  
MYSELF AND MY HEIRS.

Signed: \_\_\_\_\_  
Participant, parent or guardian of participant

Dated: \_\_\_\_\_