HSA INTERNATIONAL

INHERENT HAZARDS & RISKS FORM

Participant's Name			BIRTH DATE / / / /						
	FIRST	MIDDLE	LAST	Month	DAY	YEAR			
HSA Coursi	E DIRECTOR'S NAME_	9 950	HSA Member #						
	DII	IEDENIT II A 7 A D	DC 6 DICKS OF	DRADIC ACTO	UTIEC				
			DS & RISKS OF OMPLETING TH			ASE			
IM bre	SCUBA DIVE s PORTANT because eathing compressed ining course.	you are in and	under the water	in the sun, are	ound hard	surfaces, and			
a.	Breathe: This is the first rule, and it is completely up to you. It is very easy, you just breather all the time, but it is the MOST IMPORTANT thing you will have to do. If you hold your breath you can rupture your lungs, which is VERY SERIOUS! This is called an Air Embolism and it can cause very serious injuries, even death.								
b.									
c.	Sun: Wear sunscr								
d.	Thermoregulation	n: Have water and	shade available t	o avoid overheat	ing.				
e.	e. <u>Protective clothing</u> : Keep your legs and feet covered. The pool and open water environment have hard and abrasive surfaces that can cause abrasions and tissue breakdown for with reduced circulation.								
f.	Dive Duration: Etissues absorb ridecompression sideath. To avoid various depths, m	Because you are to nore nitrogen the ckness (DCS). Do this we have 'no	an at sea level. CS can result in decompression	This build-up from mild to ve	of nitrog ery serious	en can cause injuries, ever			
g.	Hard Surfaces: I surfaces, and on o				on pool a	and boat deck			
h.	<u>Transfer from your wheelchair</u> : Be sure to tell those assisting your transfer what method you use, and then have them explain what they intend to do before they assist you. Have them lif your legs (not drag them) at the knee, so that your legs bend naturally. Be sure to tell them i you have poor balance and to provide support until you are stable.								
i.									
j.	Exit the water: R	Exit the water: Remove your weights, then Scuba unit. Be sure you have in-water and surface support. Exit the water, with assistance if necessary. Your in-water assistant will support your							
k.	Recompression C injuries, primarily	hamber: A recon			eat various	diving related			
Participant'	s Signature:			Date:					

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LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK AGREEMENT

PARTICIPANT'S NAME_				TH DATE	/	/	
	FIRST	MIDDLE	LAST		MONTH	DAY	YEAR
HSA Course Director's N	VAME				HSA N	MEMBER #	
PLEASE READ CAREFU	ULLY, ASK	QUESTIONS IF N	ECESSARY, AN	D FILL IN AL	L THE BLA	ANKS BEFC	RE SIGNING.
CAUTION: READ & SIG							
I,		her	by affirm and ack	nowledge that	I am aware	of the inhe	erent hazards an
risks of Snorkeling, Skin div lead to severe injury and eve		ba Diving (hereina	fter referred to as 'o	diving activitie	es'). I fully t	inderstand th	at these risks ca
I understand that diving wi require treatment in a recor- remote by time and distanc- travel, including, but not lir with such diving activities a activities which could result	mpression che e from a reco mited to, dive and I freely a	namber. I further un compression chamb to boat accidents, a accept and express	inderstand that the er. Additionally, I and traveling to and ly assume all risks	se diving acti understand the from the div	vities may lat there are sites. Never	oe conducted also risks in ertheless, I c	d at sites that ar wolved with div hoose to proceed
I understand and agree that	neither the p	professional staff o	f				, no
the facility			or others				
nor the Handicapped Scuba agents or assigns, and volur injury, death, or other dama activities, or as a result of th	nteers, (herein	nafter referred to a r my family, heirs	s 'Released Parties or assigns that ma	s') may be hel ay occur as a	d liable or r result of my	esponsible ir participatio	any way for th
In consideration of being all hereby personally assume al am participating, including a	ll risks in con	nection with said of	living activities, for	r any harm, in			
I further save and hold harm or assigns, arising out of my					in a state of the second of th		
I also understand that snork during the diving activities, expressly assume the risk of	and that if I	am injured as a re	sult of, but not lim	nited to, a hear	rt attack, par	nic, or hyper	
I hereby declare that I am obehalf, and that my parent o						_	shall sign on m
I hereby state and agree that the Released Parties.	t this agreem	ent will be effective	e for all diving act	tivities in which	h I participa	te until revo	ked in writing b
I have read and understand t	his agreemer	nt, and agree to be l	bound by it.				
Signature of Participant					Date	/	/
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