

## **Directions for completing the Bubblemaker Statement:**

### **Participant Record:**

Print Name and address where indicated as you carefully read this agreement. Complete the emergency contact information for us also.

### **Medical questionnaire:**

This must be completed exactly as explained in the instructions. The Words YES or NO must be written on each line. No ditto marks or Lines drawn. If there is a YES to any question we will require written approval from a Doctor before any in water participation. The permission can be in the form of a letter or on a prescription pad. It must state the following:

**“I find no medical conditions that I consider incompatible with diving for (Insert Participant name).”** The Doctor must sign this statement. We will attach it to the form and keep for our records. We can not answer any medical questions or give medical advice regarding any conditions listed on the questionnaire. Without the Doctor approval, we will not be able to allow participation.

***OR*** take a copy of the PADI Medical Statement to your **Doctor** (6 pages), after you complete pages 1 & 2. In order for you to participate in Scuba your Physician would have to check off on the box on page 2 that states that “I find no medical conditions that I consider incompatible with diving” then your **Doctor** would have to sign and date it. ***ALL 6 pages*** come back to Aquatic Realm Scuba Center.

### **Bubblemaker Assumption of Risk and Liability Release Agreement**

Please read this section very carefully and ask any questions you may have.

You will be asked to sign and date the form (even if the participant is a minor) and a Parent of Guardian must sign if the diver is under 18 years of age: