

Jamaica Sub-Aqua Club - Membership Application Form

(also to be completed by Guests participating in Diving Activities)

PERSONAL:

First Name: _____ Surname: _____

Sex: M / F Nationality: _____ Date of Birth: _____
(DD-MMMM-YYYY)

Address (H): _____

Home Tel: _____ Cellular: _____ Email: _____

Occupation: _____ Employer: _____

Address (W): _____

Work Tel: _____ Fax: _____ Email: _____

DIVING QUALIFICATIONS / INSURANCE: (please attach photocopy of Dive Certification Card & Liability/Medical Insurance Card/Certificate)

Diving Organisation(s): _____ Level: _____

Date Awarded: _____ No. of Logged Dives: _____
(DD-MMMM-YYYY) (Your Dive Log should be made available for inspection)

Diver Liability Insurance: _____ Diver Medical Insurance: _____

EMERGENCY INFORMATION:

Physician's Name: _____ Tel: _____ Cellular: _____

Address: _____

Blood Type: _____ Allergies: _____

Emergency Contacts	Relationship	Telephone (H/O)	Cellular
(1): _____	_____	_____	_____
(2): _____	_____	_____	_____

I hereby apply to be considered for the following (please 'X' as appropriate):

to become a Diving Member / Junior Member of the Jamaica Sub-Aqua Club (JSAC)

to participate in diving activities as a Guest Diver of the Jamaica Sub-Aqua Club (JSAC)

I understand that my membership/participation is subject to the provisions of the Constitution (including Schedules thereto) of the Jamaica Sub-Aqua Club and I agree to be bound by it. I have read the Club Dive Rules & Guidelines and I agree to abide by them.

Signature

Signature of Parent or Guardian

Date

For Club Use Only:

Accepted: Yes / No

Diving Officer's Initials:

Date of Joining:

Jamaica Sub-Aqua Club

Statement of Understanding of Safe Diving Practices

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 reviewed signed by a parent or guardian after due consideration.

I _____, understand that as a diver I should:
[PRINT NAME HERE]

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.
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 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. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognise the desirability of an alternate air source and a low-buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of more experienced divers and those supervising my diving activities.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in the case of separation, and emergency procedures – with my buddy.
6. Be proficient in dive-table usage. Use the same dive tables as my buddy. 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 15 metres/50 feet per minute.
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.
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 under water and dive within my limitations.
9. Use a boat, float or other surface support station whenever feasible.
10. Know and obey local diving 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 recognise that they are for my own safety and well being, and that failure to adhere them can place me in jeopardy when diving.

PARTICIPANTS SIGNATURE

DATE (DAY/MONTH/YEAR)

SIGNATURE OF PARENT OR GUARDIAN (WHERE APPLICABLE)

DATE (DAY/MONTH/YEAR)

Jamaica Sub-Aqua Club

Liability Release, Waiver of Claims, Express Assumption of Risk and Indemnity Agreement

PLEASE READ CAREFULLY AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS BEFORE SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING & RELATED ACTIVITIES

I _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of boating, snorkelling, skin diving and scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that snorkelling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself when participating in these activities and that I could be injured or suffer death as a result of a heart attack, panic hyperventilation etc. Further, I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injuries can occur that require treatment at a recompression chamber. I further understand that diving excursions/activities with either the Jamaica Sub-Aqua Club or the Jamaica Scuba Diving Club and their respective Officers, Members and Guests may be conducted at a site that is remote (whether by time or distance) from a recompression chamber and competent medical assistance. Additionally I understand that there are risks associated with dive travel, including but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. I also understand that the services of third parties (e.g. local fishermen) may be engaged in the course of diving activities and that this involves additional inherent risks due to potential malfunctions, poor maintenance or seaworthiness of the boat used or error or incompetence on the part of the third party engaged.

Despite the potential hazards and risks associated with the activities of boating, snorkelling or diving, I wish to proceed and I freely accept and expressly assume all risks, dangers and hazards that may arise from my participation in these activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT

In consideration for being allowed to participate in the activities of the Jamaica Sub-Aqua Club (or the Jamaica Scuba Diving Club or British Sub-Aqua Club as appropriate), its respective Officers, Members or Guests or any of their respective directors, employees, officers, representatives, volunteers, agents, assigns or any associated entities (hereinafter referred to as "Released Parties"), being activities including but not limited to boating, snorkelling, skin diving and scuba diving or the use of boats or diving equipment belonging to any of the Released Parties or the use of the premises for the time being designated as the clubhouse of the Jamaica Sub-Aqua Club, I hereby agree as follows:

1. TO WAIVE & RELEASE the Released Parties from liability and responsibility whatsoever for any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from participation in the above activities of the Released Parties whether caused by active or passive negligence of the Released Parties or otherwise with the exception of gross negligence. For this purpose, gross negligence means wilful, wanton or reckless misconduct by the Released Parties.

PLEASE INITIAL HERE TO ACKNOWLEDGE THAT THIS PAGE FORMS PART OF THE ENTIRE AGREEMENT: _____

Jamaica Sub-Aqua Club

Liability Release, Waiver of Claims, Express Assumption of Risk and Indemnity Agreement

PLEASE READ CAREFULLY AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS BEFORE SIGNING

RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT – CONTINUED:

2. By executing this document, I agree to hold the Released Parties harmless for any injury, loss of life or property damage which may occur to me in connection my participation in the above activities. I further save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in the above activities with the Released Parties, including all risks connected therewith whether foreseen or unforeseen.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Released Parties, other than what has been set forth in this Agreement.
4. If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

I understand that the terms herein are contractual and not a mere recital and that I am signing this document of my own free act. I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I further agree that this Agreement shall be governed solely by and interpreted in accordance with the laws of Jamaica.

I HAVE RECEIVED THIS AGREEMENT FOR MY REVIEW ON _____

Signature _____ Date: _____

I _____ HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND I AGREE (ON BEHALF OF MYSELF AND MY HEIRS) TO BE BOUND BY IT

Signature _____ Date: _____

Signature of Parent or Guardian if Participant is a Minor (and by their signature they, on my behalf, release all claims that both they and I have):

Signature _____ Date: _____

Witness (Name) _____ Signature _____

Jamaica Sub-Aqua Club

Medical Statement (Confidential Information)

20__

Important Note: No person shall be permitted to dive with the Jamaica Sub-Aqua Club unless he/she has completed a valid Medical Statement and has undertaken (if required) a Medical Examination confirming fitness to dive. Any fee in respect of any Medical Examination undertaken shall be the responsibility of the person being examined.

Please read carefully before signing:

This is a statement in which you are informed of some potential risks involved in scuba diving and the conduct required of you if you wish to undertake diving-related activities of the Jamaica Sub-Aqua Club. Read and discuss this statement before signing it. You must complete this Medical Statement, which includes the medical-history section before any participation in diving-related Club activities. 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 quite a safe pastime. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely you must 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 heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your physician before participating in any diving activities. You will also need to remain aware of the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury or death. If you have any additional questions regarding this Medical Statement or the Medical History section, please review them with the Diving Officer or Secretary of the Club.

Medical History

To the Participant:

The purpose of the Diver Medical Health Questionnaire below is to find out if you should be examined by your physician before participating in diving-related activities with the Jamaica Sub-Aqua Club. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must therefore seek the advice of your physician.

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 you answer **YES** to any question, JSAC will request that you consult with your physician and undertake a Medical Examination prior to participating in scuba diving unless you have already completed a successful Medical Examination within the period prescribed below. If you are required to conduct a Medical Examination, you should provide to your physician with a copy of "Guidelines for Recreational Scuba Diver's Physical Examination" (copies of which are available from the Secretary of the Club).

Validity of Medical Statement

Please note that this Statement shall be valid only for the calendar year in which it is signed by you. You should note however that if any changes in health take place during that calendar year which may affect your fitness to dive, you should declare this to either the Diving Officer or the Secretary of the Club.

Validity of Medical Examination

In the event that you answer **YES** to any questions on a Medical Statement relating to a particular calendar year, you shall also be required to have undertaken a Medical Examination which remains valid for that particular calendar year.

For this purpose, a successfully completed Medical Examination shall normally be deemed to be valid from that date of the Examination to the second anniversary of the end of the year in which the examination is undertaken e.g. if you undertake a medical examination at any time in the calendar year 2003, it shall normally be deemed to be valid for 2004 and 2005. If however your physician indicates that the validity should be for a lesser period (ending on 31st December), that lesser period shall apply.

JSAC - DIVER MEDICAL HEALTH QUESTIONNAIRE

Have you ever had or do you currently have....	YES /NO	Have you ever had or do you currently have.....	YES/ NO
Any form of lung disease?			
Asthma, or wheezing with breathing or wheezing with exercise?		History of diving accidents/incidents or decompression sickness/other diving injury?	
Frequent or severe attacks of hayfever or allergy?		History of back, arm or leg problems following surgery, injury or fracture?	
Frequent colds, sinusitis or bronchitis?		Inability to perform moderate exercise (example: walk one mile in 12 minutes)	
History of chest surgery, chest pains, or palpitations?		History of high blood pressure or take medicine to control pressure?	
Pneumothorax (collapsed lung)?		History of any heart disease?	
Any form of chest/lung disease?		History of any heart attacks?	
Claustrophobia or agoraphobia (fear of closed or open spaces)?		Angina or heart surgery or blood vessel surgery?	
Behavioural health problems?		History of ear or sinus surgery?	
Epilepsy, seizures, convulsions or take medications to prevent them?		History of ear disease, hearing loss or problems with balance?	
History of blackouts or fainting (full/partial loss of consciousness), or dizziness?		History of problems equalising (popping) ears with airplane or mountain travel?	
Recurring migraine headaches or take medications to prevent them?		History of bleeding or other blood disorders?	
History of motion sickness?		History of any type of hernia?	
History of diabetes?		History of ulcers or ulcer surgery?	
History of recurrent back problems?		History of ileostomy or colostomy?	
History of back surgery?		History of panic attacks?	
History of any disease of the brain or nervous system?		History of drug or alcohol abuse in the past five years?	
Other Questions:			
Could you be pregnant or are you attempting to become pregnant?			
Do you regularly take prescription medications (other than birth-control)?			
Are you currently receiving medical care or have you consulted your physician in the last year other than for minor illnesses, infection or injury?			
Have you ever been refused a diving medical certificate or life assurance?			

The information I have provided about my medical history is accurate to the best of my knowledge

PARTICIPANTS SIGNATURE

DATE (DAY/MONTH/YEAR)

SIGNATURE OF PARENT OR GUARDIAN (WHERE APPLICABLE)

DATE (DAY/MONTH/YEAR)

For Club Use Only:

Medical Exam Required: Yes / No

Diving Officer's Initials:

IF A MEDICAL EXAMINATION IS REQUIRED, THE FOLLOWING SHOULD ALSO BE COMPLETED:

PARTICIPANT INFORMATION:

First Name: _____ **Surname:** _____

Sex: M / F **Age:** _____ **Date of Birth:** _____
(DD-MMMM-YYYY)

Address (H): _____

Home Tel: _____ **Business:** _____ **Fax:** _____

NAME AND ADDRESS OF YOUR PHYSICIAN:

Physician: _____ **Hospital/Clinic:** _____

Date of Previous Medical Examination: _____
[DATE/MONTH/YEAR]

Name of Examiner: _____ **Hospital/Clinic:** _____

Address: _____

Tel: _____ **Cellular:** _____ **Fax:** _____

ASSESSMENT OF PHYSICIAN:

The above person wishes to participate in scuba (self-contained underwater breathing apparatus) diving with the Jamaica Sub-Aqua Club (JSAC). Your opinion of the above person's medical fitness for scuba diving is requested. Please review and refer to 'Guidelines for Recreational Scuba Diver's Physical Examination' as you deem appropriate.

Physician's Impression:

- I find no medical conditions that I consider incompatible with scuba diving
- I am unable to recommend this individual to partake in scuba diving

_____ M.D. _____
PHYSICIAN'S SIGNATURE DATE (DAY/MONTH/YEAR)

Physician: _____ **Hospital/Clinic:** _____

Address: _____

Tel: _____ **Cellular:** _____ **Fax:** _____

Note for Physician:

A successfully completed Medical Examination shall normally be deemed to be valid by JSAC from that date of the Examination to the 2nd anniversary of the end of the year in which the examination is undertaken. If you recommend that the validity of the above Examination to expire sooner, please insert the relevant expiry date (to 31st December if possible) here: _____

PLEASE
AFFIX
HOSPITAL/
CLINIC
STAMP
HERE