



# Youth Diving: Responsibility and Risks Acknowledgment

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(Please read carefully, fill in all blanks, and sign and date below.)

I/we, \_\_\_\_\_, and my/our child, \_\_\_\_\_, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Day/Month/Year)

\_\_\_\_\_  
Participant/Minor Name

\_\_\_\_\_  
Participant/Minor Signature

\_\_\_\_\_  
(Day/Month/Year)

# **PADI®** EMERGENCY TREATMENT CONSENT FORM

www.padi.com

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I affirm I am the parent and/or legal guardian of \_\_\_\_\_.  
NAME OF MINOR

As the parent/guardian, I hereby authorize \_\_\_\_\_, and/or its  
(DIVE CENTER/RESORT/INSTRUCTOR)  
agents, employees or assigns, to seek medical treatment for \_\_\_\_\_,  
(MINOR)  
as a result of an accident or illness while under the supervision of \_\_\_\_\_.  
(DIVE CENTER/RESORT/INSTRUCTOR)

I authorize the treatment of \_\_\_\_\_, by a qualified and  
(MINOR)  
licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause  
disfigurement, physical impairment or undue discomfort if delayed.

I affirm I have read the **Liability Release and Assumption of Risk** form, signed it of my own free will, and understand the legal consequences of signing the document.

I have fully informed myself of the contents of this **Emergency Treatment Consent Form** by reading it before I signed it.

_____ PARENT/GUARDIAN (PLEASE PRINT)	_____ DD / MM / YY
_____ SIGNATURE OF PARENT/GUARDIAN	_____ HOME PHONE
_____ ADDRESS	_____ WORK PHONE
_____ ADDRESS	

Specific medical allergies, medicine being taken or other conditions physician should be aware of (if none, please write NONE):

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_



## Lake Norman Scuba Photo Release

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip code \_\_\_\_\_

I acknowledge that photos taken during events / classes / instruction by Lake Norman Scuba LLC., may include me. I hereby grant the right and permission to copyright and/or use and/or publish and republish, broadcast and rebroadcast, and/or distribute and redistribute photos and/or videos, in whole or in part, of me made on or about the date above, to the photographers, videographers, or their companies, as appropriate, for use in articles, advertising, Facebook photo-tagging, or for any other purposes in printed, electronic or any other media including, but not limited to, Facebook, magazines, books, newsletters, web sites, CD-ROMs, DVDs, tapes and other forms of still and/or motion media, including media that may not exist currently, but that is developed in the future. Such use may be worldwide. I further grant such individual or company the right to transfer and/or assign this right and permission, permanently or temporarily, to any person, agent, entity or company in connection with said purposes. I acknowledge that the photograph(s)/video(s) may be altered, enhanced or edited through photographic or computer methods.

I hereby release and discharge said individual or company and their assigns, agents and/or all persons acting under their permission and authority or those for whom they may be acting, from and against any liability as a result of this agreement, including but not limited to liability caused by any distortion, blurring, alteration or optical illusion that may occur in the taking of the photographs/video or in processing, reproduction or editing of the finished photograph(s)/video(s). I hereby release and discharge said individual or company and their assigns, and all persons acting under their permission and authority or those for whom they may be acting, from and against any liability that results from the use of the photograph(s)/video(s), and assume any such risks myself. I waive any right to inspect said photograph(s)/video(s) in its/their original, enhanced, or edited form prior to publication, duplication, broadcast or other use in any form of media.

I understand that no payment will be paid to me now or in the future.

I agree that copyright ownership of any photos, video, or other media resulting from this agreement shall be owned by the individual or company, as appropriate, taking the picture, video, or other media.

I hereby warrant that I am of full age and competent to contract in my own name in so far as the contents of this release are concerned; or, if the person is under age 18, that I am the parent or legal guardian of said minor and I have the legal right to sign this agreement on the minor's behalf. I have read the above and I fully understand its contents.

**If person is under the age of 18 years, a parent or legal guardian's signature is required:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

# PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.

## STATEMENT OF UNDERSTANDING AND WAIVER

### (One Waiver Per Guest)



FOR GUESTS IN THE MATTER OF:

PIEDMONT DIVING AND RESCUE ASSOCIATION, INC. AND

PRINT FULL NAME OF GUEST

As a condition of my acceptance for membership in the Piedmont Diving and Rescue Association, Inc., and/or my use of Piedmont Diving and Rescue Association, Inc. property, I subscribe, accept and acknowledge the following statement of understanding: **INHERENT HAZARDS:** There are hazards in skin and scuba diving, as in all activities on or near the water, some of those hazards include, but are not limited to, drowning and air embolism and/or death. I hereby affirm that I am aware of and understand the inherent hazards of skin and scuba diving. I am adequately prepared to dive in the rock quarries owned or leased by the Piedmont Diving and Rescue Association, Inc. I am aware that I must abide by safe diving practices. At no time will I dive under the influence of alcohol or drugs or with questionable equipment or conduct any dive without (1) a buoyancy control device, (2) a submersible pressure gauge, (3) an alternate air source as a permanent and functioning part of my scuba equipment and (4) a certified buddy or dive partner. I will always have a means to monitor depth and time underwater and will make all my dives no decompression dives and will limit my maximum depth to my level of training and experience. I understand scuba diving is dangerous and can result in serious injury or death. My personal safety is my responsibility, not others' responsibility. My certification card reflects that I have received training in scuba diving; and should I neglect to maintain my skills in scuba, I know that I should seek adequate refresher instruction to bring my skills to a level that will prepare me for safe scuba diving. I will exercise reasonable care in scuba diving, the selection of my equipment, the use of that equipment and the maintenance of that equipment. I confirm that I have been properly trained and certified to the level indicated on my certification card and same is presently current. I understand and agree that the Piedmont Diving and Rescue Association, its' officers, agents, members, or affiliated clubs shall not be held liable in any way for any occurrence in connection with my future scuba or skin diving, which may result in injury, death, or other damages to me, my family, heirs, executors, administrators and/or assigns, as evidence by my signature affixed hereto, and in consideration of which I am being allowed membership in the Piedmont Diving and Rescue Association, Inc., and/or the use of Piedmont Diving and Rescue Association, Inc., property as the guest of a member. I hereby assume all risks connected therewith, whether foreseen or unforeseen, and I agree to save, indemnify and hold harmless said above parties from any claim by me, my family, heirs, executors, administrators and/or assigns, arising out of my participation in scuba diving or skin diving. I warrant that I am of lawful age and legally competent to sign this statement of understanding, or that my parent or legal guardian understands and agrees to all terms contained herein, as evidence by my parent's or guardian's signature; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and upon my own volition. It is my intention as a member or as a guest of a member of the Piedmont Diving and Rescue Association, Inc., by this instrument, to exempt and release the above listed corporation, its' officers, agents, members, and affiliated clubs from any and all liability whatsoever for personal injury, property damage and/or wrongful death, arising from my membership in the Piedmont Diving and Rescue Association, Inc. and/or use of PDRA's facilities. I have fully read and understand the contents of this statement of understanding and acknowledge and same.

#### RULES AND REGULATIONS

As a member or guest of the Piedmont Diving and Rescue Association, Inc., and notwithstanding anything to the contrary, in consideration of promises made, it is agreed that the undersigned shall conform to the constitution and By- laws of the Piedmont Diving and Rescue Association, Inc., as well as ALL Rules and Regulations as listed on NCPDRA.org as summarized below:

- All guests **MUST** be accompanied by a PDRA member with a release for each guest properly signed and in the member's possession. All members are responsible for actions of their guests. No more than 10 guests per member are allowed at any time unless authorized in writing by the Board. This number does not apply to authorized instructors with classes. A non-member may be the guest of a PDRA Member two times per year. If the guest wished to return after the second visit, he or she must be a PDRA Member.
- Members and guests shall not park vehicles so as to block gates or water entry areas. Instructors with classes of students and guests shall be certain that neither instructing activities nor vehicles shall impede regular member's free access to parking areas, water entry areas and gear benches.
- Keep the gate **LOCKED** / Take all action possible to remove trespassers. Do not lend your key to non-members.
- All divers **MUST** be accompanied by a diving buddy equipped with substantially the same type of equipment.
- Spear guns shall not be taken into or used in PDRA waters (unless officially sanctioned).
- There is to be no display or discharge of FIREARMS, FIREWORKS OR DYNAMITE on the property.
- Do not jump or dive from quarry walls.
- **VEST Rule:** Every person in or upon PDRA waters shall wear a 3mm (or thicker) Wet Suit or an operable Coast Guard Approved personal flotation/safety device.
- Do not remove or **MOVE** items or parts of items put in quarries for your diving diversity.
- Do not remove gravel or equipment from quarry belonging to a property owner.
- **ABSOLUTELY NO FISHING ON PDRA PROPERTY. PADDLE FISH ARE FEDERALLY PROTECTED.**
- No hunting allowed at any time.
- No boats with gasoline motors permitted. Electric motors with weed guards permitted only when there are no other persons in the water.
- PDRA members & guests shall take their litter, trash and garbage with them when leaving PDRA property.
- Children shall be kept under strict supervision at all times for their safety and safety of others.
- **ABSOLUTELY NO PETS ON PDRA PROPERTY.**
- Keys are the property of the PDRA and shall not be duplicated.
- Any member who violates any of the Rules and Regulations of the PDRA will be subject to a fine of up to \$100.00 for each violation, suspension of membership or revocation of membership at the discretion of the board of directors.

Guest Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_  
Guest Name (Printed) \_\_\_\_\_  
Member Name (Printed) \_\_\_\_\_ Member Key# \_\_\_\_\_  
Parent/ Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_  
Parent/ Guardian (Printed) \_\_\_\_\_

(If Guest is under 18 years of Age Parent Guardian Must Sign)

This form must be used without exception by all PDRA MEMBER'S guests to PDRA owned properties. The completed form must be filled out and the names legible. Place one copy in the release (mailbox) box at the gate and keep the other copy in your possession while on PDRA property.

**Failure to abide by the PDRA Rules and Regulations may result in fines and disciplinary action.**

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Guest Name (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Guest Name (Printed) \_\_\_\_\_

Member Name (Printed) \_\_\_\_\_

Member Key# \_\_\_\_\_

Parent/ Guardian (Signature) \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Guardian (Printed) \_\_\_\_\_

(If Guest is under 18 years of Age Parent Guardian Must Sign)

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