



Diver Information Sheet

First Name: Middle Initial: Last Name:

Cell Phone: Gender:

Home Phone:

Address:

Email Address:

Birth Month: Birth Day: Birth Year:

Certification: If certified: Level:

Agency:

Certification Number:

Emergency Contact Information

Name:

Work Phone:

Home Phone:

Cell Phone:

Address:

Relationship:

Aquarium Dive Agreement and Responsibilities

Thank you for joining Atlantic Edge Scuba for a dive at the Aquarium. The below items will help you understand some requirements required to participate in the dive. We ask that you read this form, initial where indicated, and sign at the bottom.

DIVER RESPONSIBILITIES (please initial)

_____ **Must provide a proof of certification at least equivalent to Open Water level. Must be 18 years old.** (PADI Scuba Diver Certification does not qualify as certification). If it's been a while since your last dive, we highly recommend a refresher course prior to your dive. The aquarium is a confined space and proper buoyancy control is a required skill to make the dive. (If your certification card does not have a picture or name has change, must provide a government issued photo ID)

_____ Diver is responsible for completing all required documents prior to their scheduled dive date. Forms include medical, liability waiver, safe diving statement and jelly fish disclosure document. Medical forms may require a physician's approval; PLEASE COMPLETE IMMEDIATELY. Physicians' medical clearance documents can be found on our website.

_____ Diver will need to provide proof covid vaccination prior to their scheduled dive.

_____ Diver is responsible for providing bathing suit, towel, full wetsuit, mask, fins, and booties or socks. If you do not have this equipment, you can rent it from Atlantic Edge Scuba.

GENERAL TERMS AND CONDITIONS (please initial)

_____ Documents needed as listed above must be received 5 days prior to the scheduled dive or diver may not be permitted to dive. No refund will be issued if diver is unable to dive.

_____ Only the BCD, regulator, tanks, and weights provided by the Aquarium are permitted to be used. No need to bring all that heavy equipment with you. The Aquarium does also provide gloves if you don't own any.

_____ If you have friends and family who would like to watch you dive, they will need to purchase regular tickets to the Aquarium. We suggest buying tickets in advance on their website: www.aqua.org.

_____ Any jewelry needs to be removed prior to the dive or must be covered. No signs, banners or slates allowed during your dive. No cameras are allowed in the Aquarium exhibit (mask with cameras built in, lenses will be covered).

_____ I hereby grant Atlantic Edge Scuba and the National Aquarium the irrevocable right and permission to use photographs and/or video recordings on Atlantic Edge's website, publications, promotional flyers, in our newsletters, or for any other similar purpose without compensation to me. I understand and agree that such photographs and/or video recordings of me may be placed on the internet.

CANCELLATION/RESCHEDULE POLICY (please initial)

_____ If you need to cancel or reschedule for any reason the spot must be filled by another person. You can opt to have us look for another person to take your spot for a fee of \$50, or you can find that person. No refund of any kind can be issued if the spot remains empty. If you decide to cancel or reschedule only a few days before your dives it will be very difficult to find a replacement so you can recover your fees. **Atlantic Edge must be notified of any name changes by email no later than the Thursday at 4pm before the dives are scheduled to take place.**

_____ Divers who do not attend the dive without making other arrangements beforehand will be subject to a 100% cancellation/reschedule fee.

_____ In the event the dive is canceled due to circumstances outside of Atlantic Edge Scuba's control (weather, animal behavior, exhibit/facility issues, etc.) diver would have the opportunity to reschedule into another date of their choosing.

I have read the above agreement, and I agree to and understand all terms of enrollment in class:

SIGNATURE _____ PRINT: _____



Instructions For Filling Out Diver Medical and Other Documents

All Forms Should be received by Atlantic Edge Scuba at least one week prior to your scheduled Dive or Course.

Diver Medical

Please Read This Carefully – Complete as soon as you register for your course to insure you be able to take the course as scheduled.

- 1) Read questionnaire entirely.
- 2) Check each box with a "Yes" or "No".
AS the questionnaire states:
- 3) If you answer "Yes" to questions 3, 5 or 10 on Page 1 of 3, you must obtain a doctor's signature* on Page 3 of 3 indicating that you are physically able to dive.
- 4) If you answered "Yes" to any other questions on Page 1 of 3 you need to answer "Yes/No" to the related box on Page 2 of 3
- 5) If any required questions on Page 2 of 3 are answered "Yes" you must obtain a doctor's signature* on Page 3 of 3 indicating that you are physically able to dive.
- 6) If you answered "No" to all questions on Page 1 of 3 and the necessary questions on Page 2 of 3, you do not need a doctor to sign on Page 3 of 3.

Please complete this form as soon as possible and make sure Atlantic Edge Received it as soon as possible. If you come to your scheduled class with the Divers Medical Questionnaire completed as requiring a doctor's signature but with no signature included, **YOU WILL NOT BE ABLE TO DIVE and you will not receive a refund.**

*Full instructions for your doctor regarding the activity of diving can be found at:

<https://atlanticedge.com/assets/Documents/Medical%20Detail.pdf>

Diver and Student Agreements:

Please read all agreements and complete. Please keep in mind we are a small business and the cost incurred of running a course is expensive. Schedule changes and cancellations are costly.

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name	Birthdate
<hr/>	<hr/>
(Print)	Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

<hr/>	<hr/>
Signature of certified medical doctor or other legally certified medical provider	Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone	Email
<hr/>	<hr/>

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego



Non-Agency Disclosure and Acknowledgment Agreement

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

In European Union and European Free Trade Association countries use alternative form.

Please read carefully and fill in all blanks before signing.

I, _____ Participant Name, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), _____ the facility through which I receive my instruction, _____ store/resort,

nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program 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 course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

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 the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ Participant Name, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____ AND PADI AMERICAS, INC., 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 OR ACTIVE.

Participant's Signature

Date (Day / Month / Year)

Signature of Parent or Guardian (where applicable)

Date (Day / Month / Year)



Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

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 signed by a parent or guardian.

I, _____ (Print Name), understand that as a diver I should:

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, and refer to my course materials to stay current and refresh myself on important information.
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 or technical 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. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). 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 18 metres/60 feet per minute. Be a **SAFE** diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
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. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
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 underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



**DIVE PROGRAM WAIVER
AGREEMENT, INDEMNIFICATION, AND RELEASE OF CLAIMS**

Participant Name: _____

In consideration of scuba diving under the auspices of the National Aquarium. ("Aquarium") and participating as a diver at the National Aquarium,
I, _____ the undersigned hereby agree as follows:

1. I am aware that diving has inherent risks and dangers, known and unknown, which may result in serious injury or death. Specifically, I understand that scuba diving with compressed air involves risks including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that may require treatment in a recompression chamber. I understand that the National Aquarium does not have a recompression chamber, and that access to a recompression chamber will require time and travel. I still choose to proceed with the dive program in spite of the absence of a recompression chamber in proximity to the dive site. I understand that diving is a physically strenuous activity and that I will be exerting myself during this program, and that I may suffer heart attack, panic, hyperventilation, and/or drowning. I understand that diving in aquarium exhibits will put me in the presence of hazardous marine life and challenging environmental conditions.
2. I hereby state that I am a competent, certified diver, with knowledge of the risks and dangers of diving. In consideration of being allowed to participate in the diving program, I hereby personally assume any and all risk of personal injury (including death) and property damage which may occur during (and/or as a result of) the above referenced activities at the Aquarium.
3. I hereby release, acquit, exonerate, and forever discharge National Aquarium and their affiliates, directors, officers, agents, volunteers, and employees (collectively, the "Released Parties") from any and all claims for personal injury (including death) and/or property damage which may occur during (and/or as result of) the above referenced activities at the Aquarium.
4. To the extent permitted by applicable law, I hereby covenant and agree to defend, hold harmless, and indemnify the Released Parties from and against any and all claims, demands, judgments, losses, damages, punitive damages, obligations, actions, causes of action, costs, expenses, attorneys' fees, and liabilities which any of the Released Parties may sustain, incur, or be required to pay, at any time after the date of this Agreement.

5. I hereby agree to obey all safety requirements and instructions, and to honor all restrictions and limitations, during the above referenced activities at the Aquarium.

6. This Agreement shall apply and shall be enforceable to the full extent permitted by applicable law; and if any provision of the Agreement is held or deemed to be unenforceable or void, the remaining provisions shall nevertheless continue in full force and effect.

7. I further state that I am of lawful age and legally competent to sign this liability release. I understand the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights.

8. I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

☐ I have read, understand and agree to the above.

Signature: _____

Date: _____

Witness: _____

501 East Pratt Street
Baltimore, Maryland
21202-3194

P: 410-576-3800
aqua.org

National Aquarium (NA) ACR Box Jellyfish Diving Disclosure Agreement

I. Background

On March 18, 2020, an unidentified box jellyfish (*Alatinidae* species) was found in the Atlantic Coral Reef (ACR) exhibit. We reached out to experts in treatment protocol for jellyfish stings at Divers Alert Network (DAN) and in Australia and were advised that the individual species of juvenile medusae we found (not easily visible to the human eye and only a few mm in size) would not have the venom components to cause any full-blown Irukandji syndrome (see description below). It was also relayed that the chances of the species we discovered envenomating would be incredibly remote. The National Aquarium has long history of safe diving in the exhibit (staff, volunteers, and guest immersion divers) for over 34 years.

Irukandji syndrome: The exact mechanism of action of the venom is unknown. When properly treated, a single sting is almost never fatal. Symptoms include headache, backache, chest and abdominal pain, nausea, vomiting, pathological sweating, severe and sudden onset anxiety, tachycardia. Usual onset: 30 minutes after exposure. Duration: 4 – 30 hours; sometimes up to 2 weeks.

II. NA Statement

While the Diving Safety Office does not feel there is any reason for divers to be worried about envenomation exposure, it is mandatory that all divers be informed of the possible effects associated with Irukandji syndrome. It is also necessary for divers to understand that they may decline to dive in the Atlantic Coral Reef exhibit with no fear of repercussion to their involvement in the volunteer program at the National Aquarium. An Atlantic Edge Guest Immersion Diver who declines to dive, will not be booked nor charged for this Immersion experience at the National Aquarium.

III. Safety Precautions in Place

On site, at NA, we have the following response and safety protocols in place in the unlikely event of an envenomation:

- First Aid Response document outlining treatment for an envenomation including our Shock Trauma Hospital hyperbaric physician, Douglas Sward, contact information. The document will be sent with an injured diver to Shock Trauma Center in the case of an envenomation.
- NA Dive Locker Jelly envenomation response kit. This is inclusive of Divers Alert Network Marine Life injuries slates, a spray bottle of vinegar, plastic scrapers, and tweezers for mechanical removal. Gloves are also available.
- Dive Safety Officers are trained as Hazardous Marine Life Injury Instructors.
- All Guest Immersion Dive Supervisors are trained in DAN First Aid for Professional Divers including hazardous marine life injuries.

The National Aquarium is requesting your signature acknowledging that you have been informed of the possible effects of envenomation and that with that awareness you choose to freely participate in ongoing diving operations in the Atlantic Coral Reef exhibit.

Print Name : _____

Signature : _____ Date _____