TEAM E.C.C.O., Inc.

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DISCOVER SCUBA RELEASE FORM

NOTE: no space will be held until receipt of registration and payment of $30.00 event fee
This fee is non-refundable if less than 48 hour cancellation

PLEASE READ AND CIRCLE THE FOLLOWING:
NOTE: Certain Medications are not compatible with diving. All medications require a 3 day time frame for review by the medical resource thru DAN (Diver's Alert Network @ Duke University)

I have : asthma yes no (Asthma conditions that require daily medication are not permitted to dive. Any person with infrequent asthma is required to have a note from physician stating they may participate)

Heart condition yes no
High blood pressure yes no
Seizures yes no

I take daily medication yes no if yes, for what _____

I have had surgery on my heart yes no

I have had other surgery yes no if yes, for what _____

I have had surgery on my brain yes no

I am afraid of small spaces yes no
I am afraid to have my nose closed over yes no
I like the water yes no
I can go under the water by myself yes no

I fully understand that **this is a voluntary event**. If I choose to stop at any time I may do so. I also understand that **I must listen to and follow the directions of my instructor or they may ask me to leave the program**. ***By signing this I release TEAM ECCO and all of its agents of any and all responsibility. I understand that scuba diving is a recreational sport that involves certain risks, including illness, injury or possible death.***

I agree to these terms and commit myself to be attentive, safe, and have fun.

DIVER signature age DATE

_____ _____
PARENT / GUARDIAN DATE

TEAM ECCO AND ITS AGENTS RESERVE THE RIGHT TO DENY AND OR STOP ANY DISCOVER SCUBA EXPERIENCE FOR REASONS MEDICAL OR WHICH PRESENT THEMSELVES AS SAFETY ISSUES.