TEAM E.C.C.O., Inc.
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DIVER RELEASE FORM

PLEASE READ AND CIRCLE THE FOLLOWING:
NOTE: Certain Medications are not compatible with diving. All medications require a 3 day time frame for check out thru DAN

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 acknowledge that I am a certified diver with _____(agency) card number _____

My last dive was on _____(date) place _____
With a max depth of _____feet for _____minutes
This dive site was FRESH WATER / SALT WATER / POOL

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 THAT PRESENT THEMSELVES AS SAFETY ISSUES.