CIVIL AIR PATROL CADET ACTIVITY PERMISSION SLIP

SUGGESTED BEST PRACTICE *for* LOCAL "WEEKEND" ACTIVITIES:
Announce the activity at least 2 weeks in advance and require participating cadets to sign-up via this form 1 week prior to the event

1. INFORMATION *on the* PARTICIPATING CADET

Cadet Name:		**Cadet Grade:**	**CAPID:**
Unit Charter Number:	**Activity Name:**		**Activity Date:**

2. INFORMATION *about the* ACTIVITY

For hotel-based activity or conference **Grade & Name of Supervising Senior:**	*For hotel-based activity or conference* **Supervising Senior initial to acknowledge responsibility:**

3. PARENT's *or* GUARDIAN's CONTACT INFORMATION

Parent or Guardian Name:	**Relationship to Cadet:**	**Contact Number on Date(s) of Activity:**

4. OTHER DOCUMENTS REQUIRED *to* PARTICIPATE

Check those that apply and attach with this form

☐ **CAPF 31** *Application for Special Activity*	☐ *Other / Special Local Forms (specify)*
☐ **CAPF 160** *CAP Member Health History Form*	
☐ **CAPF 163** *Provision of Over the Counter Medication*	

5. PARENT's *or* GUARDIAN's AUTHORIZATION

Cadets who have reached the age of majority, write "N.A."

I authorize my cadet to participate in the activity described above.	**Signature:**	**Date:**

Disposition: *Units may discard this completed form when the activity concludes.*

Please detach on the dotted line. *The upper portion is for CAP and the lower portion is for the parent's or guardian's reference.*

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6. HELPFUL INFORMATION *for* PARENTS & GUARDIANS

To be completed by the cadet with assistance from local leaders or activity hosts

Activity Name: Intro to SCUBA Class	**Activity Date & Time:** Saturday, 18 FEB, 0830-1430
Activity Location: Marineland in Onalaska	**Activity Format(s):** ☐ classroom, tour, light duty ☒ physically rigorous ☐ backcountry ☐ flying
Participation Fee: $20 — **Payment Due:** At event	
Transportation Provided? ☒ Yes ☐ No **Extra Fee:** NA	**Transportation Rally Point:** HQ
"High Adventure"? ☐ Yes ☒ No **If yes, explain:**	**CAP Point of Contact Name:** Maj Todd Mandel *The supervising adult staff is expected to include* ☐ **men only** ☐ **women only** ☒ **men and women**
Meals: ☐ Provided ☒ Bring own food ☒ Bring money	**Emergency Phone:** 608-633-1496
Equipment Needed: ☒ See website or flier for equipment list	**Activity Website:** caplacrosse.org
	Estimated Time Returning to Home or Rally Point: 1430 hours

NAUI WORLDWIDE
DIVE SAFETY THROUGH EDUCATION

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I ______________________________ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also 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. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees): National Association of Underwater Instructors (NAUI):

   (Instructor/s) Jeff Zilliox, Wayne Holm, Rob Lee, Jason Zwiefel

   (Facility/ies) Marineland Dive Centers

   (Others) Tarry Wiltse, Michael Quinn

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, 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 Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.
4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

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 HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature Of Participant ______________________________ Date ____________

Witness (Name) ______________________ Signature ______________________

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.

______________________________ Date ____________

(Parent Signature if participant is a minor)

XXXXXXXXXXXXXXXXXXXXX *WAIVER REAFFIRMATION* XXXXXXXXXXXXXXXXXXXXX

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT. XXXXXXXXXXXX

Signature Of Participant XXXXXXXXXXXXXXXXXXXXXXXX Date XXXXXXXXXXXX

Witness (Name) XXXXXXXXXXXXXXX Signature XXXXXXXXXXXXXXXXXXXXX

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.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Date XXXXXXXXX

XXXXXXXXXXXXXXXXX (Parent Signature if participant is a minor) XXXXXXXXXXXXXXXXXXX

INSTRUCTOR/LEADER CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature Of Instructor/Leader ______________________________ Date ____________

Please note the following excerpt from the "WARRANTIES FOR TRAINING"

"Each student shall be required to complete a medical history form at the beginning of training. The beginning of training is defined as the commencement of in-water training activities. A written release for each student must also be completed at the beginning of training."

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MEDICAL HISTORY INFORMATION FORM

NAME ____________________

ADDRESS ____________________

CITY ____________ STATE/PROVINCE ________ ZIP ____________

HOME PHONE ____________________

MEDICAL HISTORY STATEMENT I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ears and sinuses are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness to the rigors of diving.

Write Y (yes) on N (no) next to all of the following, and explain any yes answers under Details.

____Behavioral health problems
____Claustrophobia
____Agoraphobia
____Migraine headaches
____Epilepsy
____Ear or hearing problems
____Trouble equalizing pressure
____Sinus trouble
____Severe hayfever
____Heart trouble
____High blood pressure
____Alcohol or drug abuse
____Asthma
____Rejected from any activity for medical reasons

____Bronchitis
____Tuberculosis
____Respiratory problems
____Back Problems
____Back/spinal surgery
____Diabetes
____Ulcers
____Regular medication
____Hernia
____Dizziness or fainting
____Recent surgery
____Angina
____Motion sickness
____Any medical condition not listed:
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____Contact lenses
____Dental plates
____Physical disability
____Serious injury
____Over 40 years old
____Hepatitis
____HIV positive
____Colostomy
____Drug allergies
____Pregnant
____Hospitalzed
____Heart surgery

Details, including any medications taken: ____________________

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I certify that the above information is correct to the best of my knowledge.
Signature of participant:____________________ Date:____________
I am a minor and my parent or guardian has signed below.
Signature of parent or guardian:____________________ Date:____________