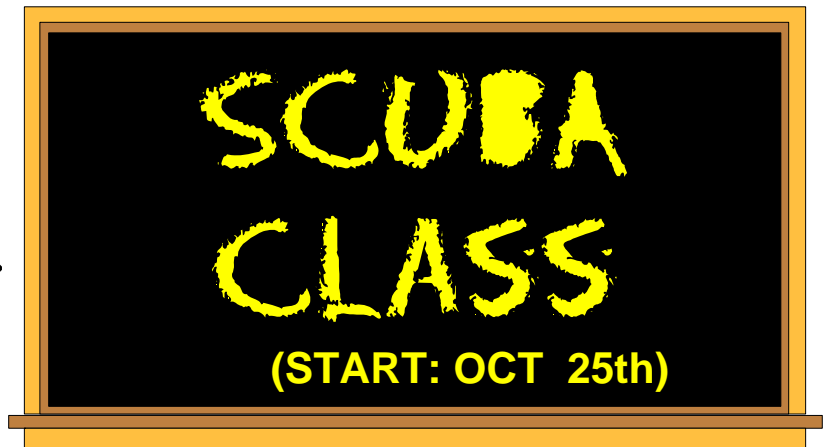


**Paul Smith's - the College of the Adirondacks
Recreation Department – Saunders Sports Complex**
“Study Hard; Play Hard”



Professional Association of Diving Instructors (PADI)

SCUBA DIVING classes begin: SAT, OCT 25th, 12N (2 WEEKENDS!)
in the Saunders Sports Complex, 3rd floor Classroom & Swimming Pool

Instruction will include the following topics:

Diving Equipment	Medical Aspects
Diving Physics	Diving Emergencies
Diving Environment	Diving Practices
Diving Activities	SCUBA Diving Skills

All participants will be required to purchase (or possess) the following: SCUBA-Mask, SCUBA-Fins, Large Bore Snorkel and Wetsuit Booties. The equipment must be approved for SCUBA diving. The estimated equipment cost is \$195 - \$250. You can purchase these at any dive shop.

Register: Sat, OCT 25th at the Student Center foyer, 11am – 1pm. \$200 deposit needed to enroll, pickup course materials & equipment fitting. The cost for the course is \$395, and includes SCUBA Equipment Rental, Airfills, Dive Tables, and either a Student Textbook or a CD-ROM for either Mac or PC. (but does NOT include the Mask, Fins, Snkl, Booties).

Information: Please call Jim Tucker at 327-6389, email: jtucker@paulsmiths.edu or the instructor, Mel Frechette at A+ Pro Divers, 561-7748 or via email: frechette91@yahoo.com

Open Water SCUBA course

Professional Association of Diving Instructors (PADI)
Paul Smith's College – Saunders Sports Complex
Routes 86 & 30
Paul Smiths, NY 12970
Recreation Phone: (518) 327-6389



Instructor - Mel Frechette: frechette91@yahoo.com
Course fee: \$325.00

Student Registration

Name: _____ Date: _____
E-Mail : _____ Campus Phone: _____

Home

Street Address: _____ Phone: _____
City/State/Zip: _____
Cell Phone: _____

Rate your swimming skills: 1 (marginal) - 10 (outstanding): _____

List your current and expired aquatic and safety certifications: _____

Why are you enrolled in this Open Water SCUBA course: _____

What are your personal goals for this course? _____

(PSC Students Only)

Major: _____ Campus Phone: _____

Year: Freshman Sophomore Junior Senior

Campus Address (Room & Dorm): _____

Campus Box Number: _____



PAUL SMITH'S COLLEGE
P.O. Box 265
Paul Smiths, NY 12970 ♦ www.paulsmiths.edu

SAFETY AND RISK MANAGEMENT

Safety is a fundamental concern of Paul Smith's College. Despite operating activities and programs to the best of our capabilities, the possibility of an accident still exists. There is no way to reduce that possibility to zero. The Acknowledgment of Risk statement (below), Release of Liability form (on the back of this page) and the Medical Information form (next page) must be completed and signed before you can attend the program or activity.

ACKNOWLEDGMENT OF RISK

In consideration of the services of Paul Smith's College, its employees, members, trip leaders, groups, representatives or agents and all other persons or entities acting in any capacity on the College's behalf, I agree as follows:

I acknowledge that **the PADI SCUBA Course** area entails known and unanticipated risks that cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness or in extreme cases, permanent trauma, disability or death.

I understand that Paul Smith's College does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Paul Smith's College programs often take place out of doors, where people are subject to numerous risks, environmental and otherwise. Activities vary from program to program, and may include hiking and backpacking, climbing, camping, mountaineering, canoeing and kayaking, biking, running, skiing, snowshoeing, fishing and use of the ropes course. When camping, risks and hazards include burns, cuts, diarrhea and flu-like illnesses. Programs may occur in remote places, many hours from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be delayed. Travel is by vehicle, canoe, kayak, skis, on foot and by other means, over rugged unpredictable terrain, including stream crossings, snow and ice, steep slopes, slippery rocks, and downed timber. Environmental risks and hazards include rapidly moving, deep or cold water, insects, rolling or falling rocks, lightning, avalanches, floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions. Decisions are made by the instructor(s) and participants often in a wilderness setting, based on a variety of perceptions and evaluations which by their nature may be imprecise and/or subject to errors in judgment. Throughout the activity or program, participants are responsible for their own safety and for the safety of other members in the group.

I am aware that Paul Smith's College programs include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well being.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above minor and have read the above ACKNOWLEDGMENT. I hereby consent to the terms of the ACKNOWLEDGMENT on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of Paul Smith's College on the terms stated.

SIGNATURE OF PARENT / GUARDIAN _____

PRINT NAME OF PARENT / GUARDIAN _____ DATE _____



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Paul Smiths, NY 12970 ♦ www.paulsmiths.edu

RELEASE OF LIABILITY

By signing below, I acknowledge that the recreational activities associated with the aforementioned program to be conducted by Paul Smith's College may be hazardous, and may result in loss, damage or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to **RELEASE** Paul Smith's College and any of its employees, members, leaders, instructors, trustees, staff or agents liability claims demands or any causes of action and agree **NOT TO MAKE ANY CLAIM** against Paul Smith's College or any of its representatives or agents whatsoever which may arise during my participation in **the PADI SCUBA Course**.

I intend this **RELEASE OF LIABILITY** to be effective whether or not any loss, damage, injury or death results, in whole or in part, from the negligence of Paul Smith's College or any of its agents, employees, trustees, instructors, or staff. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as the result of my own negligence and / or the negligence or lack of care of Paul Smith's College, its employees, leaders, instructors, representatives, trustees, staff or agents.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the **PADI SCUBA course**.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above named minor and have read the above **RELEASE**. I hereby consent to the terms of the **RELEASE** on behalf of the above named minor, and give my consent to the participation of the above named minor in the recreation activities of Paul Smith's College.

SIGNATURE OF PARENT / GUARDIAN _____

PRINT NAME OF PARENT / GUARDIAN _____ DATE _____



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MEDICAL INFORMATION

In the interest of personal safety of the program participants and the instructor(s), please answer the following questions thoroughly:

Participant Name _____ Phone: _____

Address _____

Program Name _____ Program Date(s) _____

MEDICAL INFORMATION: please be candid; circle applicable response:

Yes No Do you have diabetes, asthma, seizures, or cardiac problems? If yes, please describe.

Yes No Do you use any medications? If yes, please list and identify the condition they are for:

Yes No Do you have any kinds of allergies (drugs, insects, plants, iodine)? If yes, please describe.

Yes No Have you ever had any bone, muscle or joint injury? If yes, please describe, including current status:

Yes No Have you ever had frostbite or Raynaud's syndrome, circulatory problems, or heat stroke? If yes, please describe:

Yes No Do you have any special dietary requirements? If yes, please describe:

Please describe any other injuries or medical conditions not identified above:

Please describe any first aid or emergency medical training you have completed (including current certifications):

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

Phone (Day) _____ Phone (Night) _____

IMPORTANT: The information provided above is a complete and accurate statement of any physical conditions that may affect my participation with this program. I realize failure to disclose such information could result in serious harm to fellow participants and myself.

SIGNATURE OF PARTICIPANT _____ DATE _____