



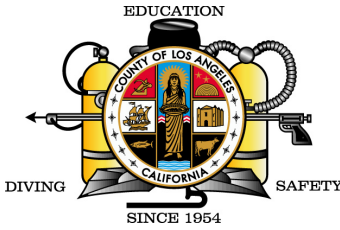
## 3Rs Participant Registration Packet 2025

**Participant Name:**

		Staff Use Only <Form completed>
<b>1</b>	<b>Application</b>	
<b>2</b>	<b>Participant Information</b>	
<b>3</b>	<b>Photo Release</b>	
<b>4</b>	<b>Waiver</b>	
<b>5</b>		
<b>6</b>		

<i>Staff Use Only - 3Rs Admin Review</i>		
<b>1</b>	<b>All Forms Reviewed</b>	
<b>2</b>	<b>Ocean Participation - <i>Cleared for Gear Check</i></b>	
<b>3</b>	<b>Land Presentation Only</b>	

*Reviewer Name:*



County of Los Angeles Department of Parks and Recreation  
 Underwater Unit  
 32132 Castaic Lake Dr.  
 Castaic, CA 91384  
 (661) 257-4050

lacunderwaterunit@parks.lacounty.gov



Application Form  
 3R's

PERSONAL INFORMATION

Name:	Age:	Date:
Email:	City:	
Cell:		
Emergency Contact Name:	Tel #:	
Under 18 name of parent participant:	Relationship:	

DIVING / SWIMMING INFORMATION

SCUBA or SKIN Certification: YES / NO	Agency:	Year:
Date of Last Dive:	Was it a: BEACH / BOAT	
How many beach dives have you done?		
Have you been to a previous session?	Location:	
How did you hear about us?		

	Don't Exercise 1 - 3	Little 3 - 5	Some 5 - 8	Compete 8 - 10
Swimming Ability				
Skin Diving Ability				
Physical Fitness				

I certify that the statements made here are true and correct. I understand that this information is supplied to the Underwater Unit in confidence for the purpose of establishing my eligibility to attend 3R's.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Rocks, Rips, Reefs Participant Information Form



Name (please print):		Signature:							
Date:	Email:	Are you over 18? Y / N							
Are you scuba certified:		Y / N							
What's your highest certification level & agency?									
Type of last dive:		Boat / Beach							
How many dives have you completed?									
What percentage of your dives are Boat/Beach?									
Boat:		Beach:							
Have you been to a previous session?									
How did you hear about us?									
What would you like to learn about?									
Do you have any allergies?									
Are you currently taking any medication?									
Do you have any other health concerns we should know about?									
Being in the ocean and diving requires appropriate levels of cardio, stamina, strength, and conditioning. What would you rate your current level of conditioning at 1-10?									
1 I Don't Exercise	2	3	4	5	6	7	8	9	10 Compete in Athletic Events
Why did you rate yourself at that fitness level?									
Is there anything else we should know about yourself so that we may better be able to help you?									

Go to <https://parks.lacounty.gov/underwater-unit/> for more information on our programs



COUNTY OF LOS ANGELES  
 DEPARTMENT OF PARKS AND RECREATION  
 "Creating Community Through People, Parks and Programs"  
 Norma Garcia, Director



**PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY**

I hereby give my consent to the County of Los Angeles and LA County Scuba to photograph and video me and use my photographs(s) and video for informational, educational, promotional, or publicity purposes concerning the County and its services.

I understand that the photographs(s) and video may be used on the County's Websites, LA County Scuba's Websites, County publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) and video may be used without further consent or authorization from me; the County may modify the photograph(s) and video in the process of editing, and I will not be entitled to any compensation for the use of the photograph(s) and video.

I also agree to release the County of Los Angeles, LA County Scuba, its officers, employees, or agents from any and all liability arising out of or connected to the use of the photograph(s) and video stated above.

I have read and understand the foregoing consent, release and waiver of liability, and voluntarily accept and agree to its terms.

**Name (print):** \_\_\_\_\_

**Signature (if 18 years of age or older):** \_\_\_\_\_

**Date:** \_\_\_\_\_

*If under 18 years of age*

**Name of Parent/Guardian (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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 also understand that there are 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): Los Angeles County Underwater Unit:

(Instructor/s) Gary Hild, Jesse Rosas, Cindy Rhode, Ben Rhode and other County of Los Angeles Department of Parks and Recreation Underwater Unit Volunteers.

(Facility/ies) County of Los Angeles Dept. of Parks and Recreation Underwater Unit & Aquatics Divisions, County of Los Angeles Fire Dept

(Others) County of Los Angeles Fire Department, Olivier O'Connell, County of Los Angeles Department of Parks and Recreation Aquatics Staff

- 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 of 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 and 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 they and I have. Date

(Parent Signature if participant is a minor)

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."