



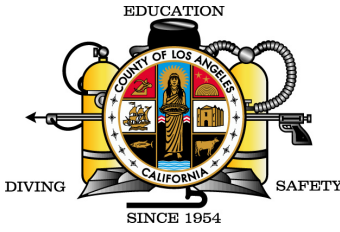
## 3Rs Participant Registration Packet 2024

**Participant Name:**

		Staff Use Only <Form completed>
<b>1</b>	<b>Application</b>	
<b>2</b>	<b>Participant Information</b>	
<b>3</b>	<b>Medical Questionnaire</b>	
<b>4</b>	<b>Medical Physician's Form</b>	
<b>5</b>	<b>Photo Release</b>	
<b>6</b>	<b>Waiver</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	2	3	4	5	6	7	8	9	10
I Don't Exercise									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



# Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

## Directions

**Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.**

**Note to women:** If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go to Box B	No <input type="checkbox"/>
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to Box C	No <input type="checkbox"/>
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to Box D	No <input type="checkbox"/>
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes <input type="checkbox"/> Go to Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

## Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

_____	_____
Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (dd/mm/yyyy)
_____	_____
Participant Name (Print)	Birthdate (dd/mm/yyyy)
_____	_____
Instructor Name (Print)	Facility Name (Print)

\* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name \_\_\_\_\_

(Print)

Birthdate \_\_\_\_\_

Date (dd/mm/yyyy)

**Diver Medical** | Participant Questionnaire Continued**Box A – I have/have had:**

Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A diagnosis of COVID-19.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

**Box B – I am over 45 years of age AND:**

I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

**Box C – I have/have had:**

Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

**Box D – I have/have had:**

Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

**Box E – I have/have had:**

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

**Box F – I have/have had:**

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either insulin- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

**Box G – I have had:**

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

# Diver Medical | Physician's Evaluation Form

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit [uhms.org](http://uhms.org) for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

## Evaluation Result

- Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

\_\_\_\_\_  
Physician's Signature Date (dd/mm/yyyy)

Physician's Name \_\_\_\_\_ Specialty \_\_\_\_\_  
(Print)

Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society  
DAN (US)  
DAN Europe  
Hyperbaric Medicine Division, University of California, San Diego



County of Los Angeles Department of Parks and Recreation

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STUDENT DIVING MEDICAL

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Snorkeling, Skin and/or SCUBA diving makes considerable demands on your physical and emotional condition. Diving with particular defects amounts to “asking for trouble,” not only to yourself, but to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a training program.

Your answers to the questionnaire more important, in many instances, in determining your fitness than what the doctor may see, hear or feel when he examines you. Obviously, you should give accurate information or the medical screening procedure becomes useless.

This form shall be kept confidential. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own doctor and he must then indicate in writing that you have done so and that no health hazard exists.

Should your answers indicate a condition which might make diving hazardous, you will be asked to review that matter with your doctor. In such instances, his authorization will be required before you start the course. If your doctor concludes that diving would involve undue risk for you, remember that he is concerned only with your well-being and safety. Respect his advice and the intent of this medical history form.



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."