



主辦機構  
Organizer



協辦機構  
Co-organizer



資助機構  
Subvented by

**62nd Festival of Sport - Underwater Sports Fun Day**  
**Medical, Liability Release and Assumption of Risk Statement of participate in**  
**activities of Hong Kong Underwater Association**

**表格**  
**Form : A-003**

The HKUA advice who had participate or would like to participate in any kinds of Dive training, Dive activities, or Underwater activities, should acknowledge himself/herself is physically fit for attending the said activities. Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

Please answer the following question and put an "X" in the right boxes, "Y" for "yes" and "N" for "no":

- |                          |                          |   |                          |                          |
|--------------------------|--------------------------|---|--------------------------|--------------------------|
| <b>Y</b>                 | <b>N</b>                 |   | <b>Y</b>                 | <b>N</b>                 |
| <input type="checkbox"/> | <input type="checkbox"/> | You are pregnant, or you are attempting to become pregnant. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | You are presently taking prescription medications.          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | You are over 45 years of age                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | You are a smoker (pipe, cigars or cigarettes)               | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | You have a high cholesterol level                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | You have a family history of heart attack or stroke         |                          |                          |
- Have you ever had or do you currently have...**
- |                          |                          |  |                          |                          |   |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart disease / Heart attack (or need to take medication to prevent) ?     | <input type="checkbox"/> | <input type="checkbox"/> | Angina, heart surgery or blood vessel surgery?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma, or wheezing with breathing, or wheezing with exercise?             | <input type="checkbox"/> | <input type="checkbox"/> | Sinus surgery?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes?  | <input type="checkbox"/> | <input type="checkbox"/> | A colostomy or ileostomy?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy, seizures, convulsions or take medications to prevent them?       | <input type="checkbox"/> | <input type="checkbox"/> | Ulcers or ulcer surgery?  |
| <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure or take medicine to control blood pressure?            | <input type="checkbox"/> | <input type="checkbox"/> | Chest surgery?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pneumothorax (collapsed lung)?   | <input type="checkbox"/> | <input type="checkbox"/> | Back surgery?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Back or spinal surgery?  | <input type="checkbox"/> | <input type="checkbox"/> | Other surgeries? _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Blackouts or fainting (full/partial loss of consciousness)?                | <input type="checkbox"/> | <input type="checkbox"/> | Problems following surgery, injury or fracture?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear disease or surgery, hearing loss or problems with balance?             | <input type="checkbox"/> | <input type="checkbox"/> | Behavioral health problems?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent or severe suffering from motion sickness (seasick, carsick,etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | Fear of closed or open spaces?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent colds or sinusitis  | <input type="checkbox"/> | <input type="checkbox"/> | Bleeding or other blood disorders?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bronchitis or any form of lung disease?                                    | <input type="checkbox"/> | <input type="checkbox"/> | Recurring complicated migraine headaches or take medications to prevent them? |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent or severe attacks of hayfever or allergy?                         | <input type="checkbox"/> | <input type="checkbox"/> | Any dive accidents or decompression sickness?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Hernia?  | <input type="checkbox"/> | <input type="checkbox"/> | Inability to perform moderate exercise (example: walk 1 km within 8 mins.)?   |

I, \_\_\_\_\_, hereby affirm that the information I have provided about my medical history is accurate to the best of my knowledge. I am aware that diving activities have inherent risks which result in serious injury or death. I understand and agree that neither the HKUA nor the organizer of the activity may be held liable or responsible in any way for any injury, death or the other damage to me. I hereby personally assume all risk of this activity and that I will not hold the HKUA or the organizer responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

Signature of Participant :

\_\_\_\_\_

Date :

\_\_\_\_\_

I am the Parent/Guardian of \_\_\_\_\_, and I have read the above statement. I hereby affirm that the information provided above is truth. And I agree the said participant to attend this activity. I hereby affirm that the participant or Parent/Guardian of the participant assume all risk of this activity and that I will not hold the HKUA or the organizer responsible for the same.

Name of Parent/Guardian :

\_\_\_\_\_

Signature of Parent/Guardian :

\_\_\_\_\_

Date :

\_\_\_\_\_

(Rev., 03/2016)