

Tiedemann's Diving Center
516-796-6560

Here are the details of our Scuba Alumni program at Hofstra University - Saturdays from 3 to 6 PM.

The Hofstra Scuba Alumni program is designed to give certified divers, like yourself, the chance to get into the water and practice their Scuba skills. Since we cannot Scuba dive locally a good part of the year we can get rusty as divers. With this program you are in a 15 foot depth, Olympic size swimming pool - perfect for making sure that all your Scuba skills are up-to-date. Making sure your skills are at their best means safer and more comfortable dives. You can not only work of skills. Some of the things you can use the pool session for include:

- trying out a new piece of gear like a camera or dry suit
- making sure your personal gear works before a trip
- working with a new buddy to make sure you know each others way of diving and equipment

You can perhaps think of other way to take advantage of this great chance to "get wet". We run the program thur out the year. Check our web site for current dates. The cost is only \$30 if you have all your own gear. If you need a tank and weights also the cost is only \$35. If you need BC, regulator, wet suit jacket, tanks and weights the cost is only \$40. To sign up just call Tiedemann's Diving Center at 516-796-6560 or email me. You can pay for the program at the pool or at Tiedemann's Diving Center before your Alumni session. The session are held on Saturday afternoons from 3 to 6.

Check the direction and map of Hofstra University at the end of this information sheet.

If you wish to have a private instructor to review all the Scuba skills (know as a Scuba Update) we can have one of our great instructors work with you personally. The cost of a "1 on 1" Scuba update is \$70. You and a private instructor. The cost of a "2 on 1" is only \$100 for both. You and a buddy with a private instructor. These prices includes Alumni fees, gear and instructor.

To take part in a Hofstra Scuba Alumni session you will need to fill out a Medical Statement - which is included with this information sheet. Do not worry about the doctor information. You do not need to have a doctor sign the medical for pool sessions. There is also a waiver. If you can print them out and fill them out it saves time when we get to the pool. If you don't get the chance don't worry we can do it at the pool.

Has you can see this is great way to stay current on your skills and enjoy your diving here on Long Island even more.

Thanks for interest in our program,

Ed Tiedemann

Tiedemann's Diving Center
516-796-6560

Directions to the Hofstra pool

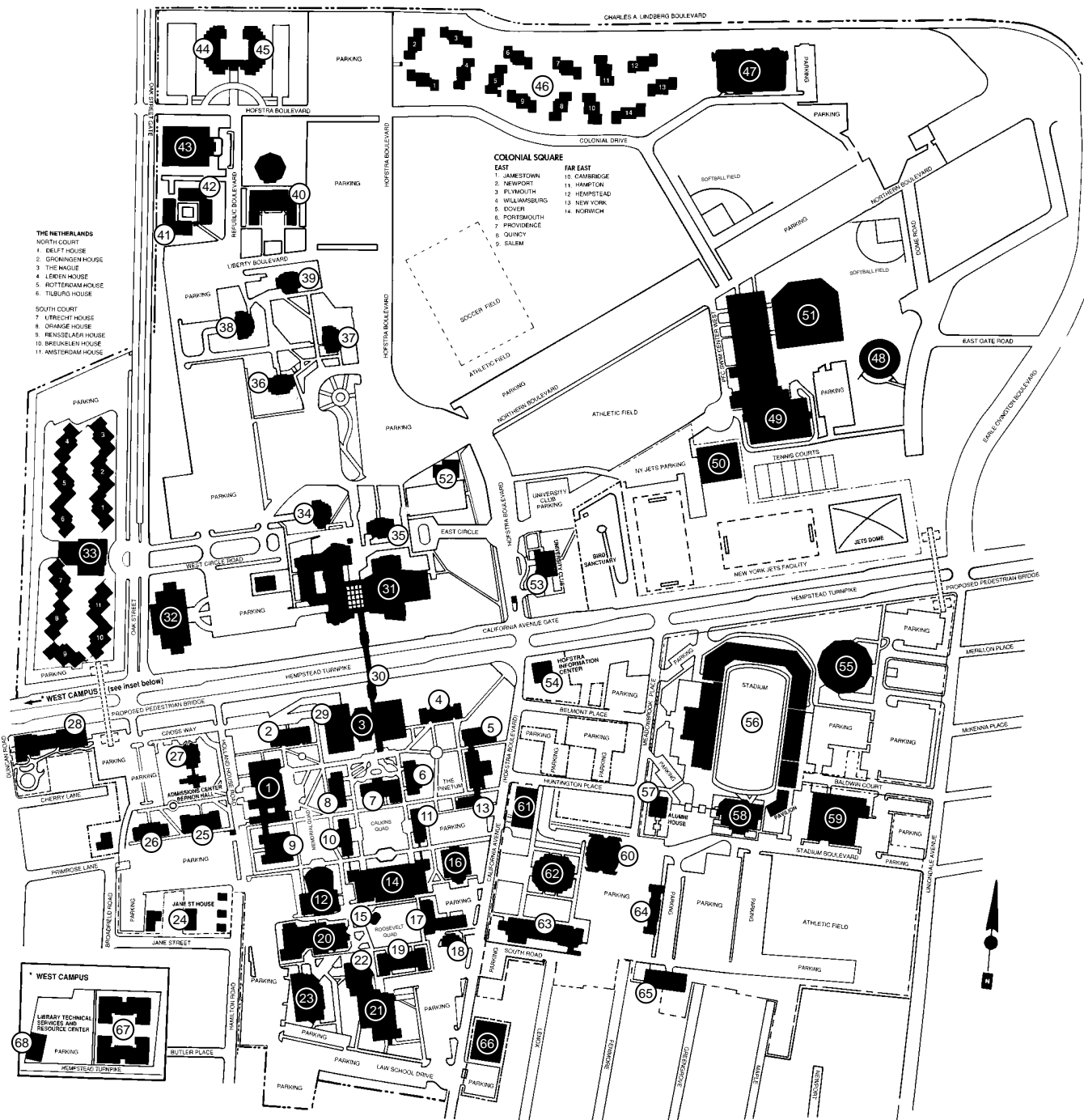
Please check the Hofstra campus map as you review these directions.

Coming West on Hempstead Turnpike from the Meadowbrook Parkway you want to make a right hand turn on Earl Ovington Boulevard. This will be right after you past the Nassua Coliseum and before the Hofstra foot bridge which goes over Hempstead Turnpike.

Take Ovington Blvd. North for about 1/8th. of a mile and you will reach East Gate Road on the left. This is the entrance to Hofstra. Make the left - following the road until it "tees" then turn left - you will pass the Dome on the right. Make the first right and that takes you into the faculty parking area.

On the map the parking area you want to go to is located between numbers 48 - 51 & 49.

Number 49 is the Physical Fitness/Swim Center building. The building is "L" shaped. Look for two garage doors close to each other on what would be the inside corner of the letter "L". At one of those doors you will see the Scuba van - dark green dodge van. You may come in to the pool by that garage door. Check with the instructors about where to park.



- THE NETHERLANDS**
 NORTH COURT
 1. DELFT HOUSE
 2. GRONINGEN HOUSE
 3. THE HAGUE
 4. LEIDSCHAP HOUSE
 5. ROTTERDAM HOUSE
 6. TILBURG HOUSE
- SOUTH COURT
 7. ROTTERDAM HOUSE
 8. ORANGE HOUSE
 9. REINSELANDER HOUSE
 10. BARNHOLEN HOUSE
 11. ROTTERDAM HOUSE

- COLONIAL SQUARE**
- EAST
 1. JAMESTOWN
 2. NEWPORT
 3. PLYMOUTH
 4. WILLIAMSBURG
 5. BOSTON
 6. PORTSMOUTH
 7. PROVIDENCE
 8. QUINCY
 9. SALEM
- FAR EAST
 10. CAMBRIDGE
 11. HAMPTON
 12. HEMPSTEAD
 13. NEW YORK
 14. NORWICH

MAP LEGEND

Adams Hall	25	Deane Law Library	22	Mack Hall	53	Weeb Ewbank (NY Jets)	50
Adams Playhouse	12	Deli, Hofstra	18	Margiotta Hall	58	Weed Hall	26
Admissions Center/ Bernon Hall	27	Dempster Hall	20	Mason Hall/Gallon Wing	5	Weller Hall	16
Alumni House	57	Gittleson Hall	63	McEwen Hall	17	Wellness Center	42
Axinn Hall (Law)	66	Hauser Hall	2	Memorial Hall	1		
Axinn Library	3	Heger Hall	4	Monroe Lecture Center	62	Residence Halls	
Barnard Hall	10	Hofstra Arena	51	Phillips Hall	6	New Residence	32
Breslin Hall	23	Hofstra Dome	48	Physical Fitness/ Swim Center	49	The Netherlands	33
Brower Hall	11	Hofstra Hall	7	Physical Plant	59	Alliance Hall	34
Business Dev. Center	29	Hofstra Info. Center	54	Recreation Center	47	Bill of Rights Hall	35
Butler Annex	65	Hofstra Stadium	56	Republic Hall	42	Constitution Hall	36
Cafe on the Quad	15	Hofstra USA	40	Roosevelt Hall	19	Estabrook Hall	37
Calkins Hall	14	Human Resources/Payroll	52	Saltzman Community Services Center	28	Vander Poel Hall	38
Career Center/ M. Robert Lowe Hall	64	Jane Street House	24	Spiegel Theater	13	Enterprise Hall	39
Chem./Physics Bldg.	61	Kushner Hall	22	Student Center	31	Nassau Hall	44
C.V. Starr Hall	60	Law, School of	21	Unispan	30	Suffolk Hall	45
Davison Hall	8	Library Technical Serv. and Resources Cent.	68	University College Hall	43	Colonial Square	46
		Liberty Hall	41	U.S. Federal Court Hse.	55	Twin Oaks	67
		Lowe Hall	9				



SCUBA SCHOOLS INTERNATIONAL

Medical Statement

PARTICIPANT RECORD — CONFIDENTIAL INFORMATION

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by:

(INSTRUCTOR) _____
and (FACILITY) _____
located in the city of _____
and state of _____.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the Instructor before participation in this program. You will also need to learn from the Instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified Instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your Instructor before signing.

Medical History

To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your Instructor will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- ____ Could you be pregnant, or are you attempting to become pregnant?
- ____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- ____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars, or cigarettes
 - have a high cholesterol level
 - have a family history of heart attacks or strokes
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

- ____ Asthma, or wheezing with breathing, or wheezing with exercise?
- ____ Frequent or severe attacks of hayfever or allergy?
- ____ Frequent colds, sinusitis or bronchitis?

- ____ Any form of lung disease?
- ____ Pneumothorax (collapsed lung)?
- ____ Other chest disease or chest surgery?
- ____ Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
- ____ Epilepsy, seizures, convulsions or take medications to prevent them?
- ____ Recurring migraine headaches or take medications to prevent them?
- ____ Blackouts or fainting (full/partial loss of consciousness)?
- ____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- ____ Dysentery or dehydration requiring medical intervention?
- ____ Any dive accidents or decompression sickness?
- ____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

- ____ Head injury with loss of consciousness in the past five years?
- ____ Recurrent back problems?
- ____ Back or spinal surgery?
- ____ Diabetes?
- ____ Back, arm or leg problems following surgery, injury or fracture?
- ____ High blood pressure or take medication to control blood pressure?
- ____ Heart disease?
- ____ Heart attack?
- ____ Angina, heart surgery or blood vessel surgery?
- ____ Sinus surgery?
- ____ Ear disease or surgery, hearing loss or problems with balance?
- ____ Recurrent ear problems?
- ____ Bleeding or other blood disorders?
- ____ Hernia?
- ____ Ulcers or ulcer surgery?
- ____ A colostomy or ileostomy?
- ____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

SIGNATURE _____

DATE _____

SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE _____

DATE _____

Student

(Please print legibly)

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Telex _____ FAX _____

Name and address of your family or primary care physician:

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____ Phone () _____

Were you ever required to have a physical for diving? Yes No If so, when? _____

Physician

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

Physician's Impression:

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks _____

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____



Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

— THIS FORM IS TO BE USED FOR ALL DIVING ACTIVITIES **OTHER THAN OPEN WATER DIVER TRAINING** —

(EVENT, ACTIVITY, TRAINING, OR TRIP)

In consideration of permitting me, _____ (PARTICIPANT'S NAME) to enroll in a snorkeling/scuba diving instructional course and/or participate in snorkeling/scuba diving activities and related operations conducted by _____ (DIVE LEADER'S NAME) through the facility of _____ (DIVE BUSINESS NAME) in the city of _____ in the County of _____, and State of _____, beginning on the _____ day of (month) _____, 20____, I, for myself, my personal representatives, heirs and next of kin:

HEREBY acknowledge that **SNORKELING/SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and/or death and/or property damage. **I FURTHER ACKNOWLEDGE** that diving with compressed air involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. **I UNDERSTAND** that the open water diving trips which are necessary for training and certification or for other diving activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Scuba Schools International, the above dive business, its facility, the dive leader, or any of its officers, instructors, agents or employees (the Releasees) **FROM ALL LIABILITY TO MYSELF**, my personal representatives, assigns, heirs, and next of kin **FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID COURSE, ACTIVITIES, OR ANY OTHER RELATED DIVING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise, **I HEREBY SEPARATELY** agree to **INDEMNIFY** and **SAVE** and **HOLD HARMLESS** the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether caused by the negligence of the Releasees or otherwise.

HEREBY acknowledge that **INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the Province or State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader the potential dangers incidental to engaging in the course and/or activity of snorkeling or scuba diving and related diving operations.*

Participant's Name _____ ▲ (PLEASE PRINT) _____ ▲ (SIGNATURE REQUIRED)

Witness _____ Date _____

As parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees. Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities or instructional program with the dive leader prior to commencement of the minor child's snorkeling or scuba activities.*

Mother's Name _____ ▲ (PLEASE PRINT) _____ ▲ (SIGNATURE) _____ Date _____

Father's Name _____ ▲ (PLEASE PRINT) _____ ▲ (SIGNATURE) _____ Date _____

Guardian's Name _____ ▲ (PLEASE PRINT) _____ ▲ (SIGNATURE) _____ Date _____

*** NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian**