



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

SSI Explorers | Fit To Dive Screening and Responsible Diver Code

Scuba and breath-hold diving—including snorkeling, freediving, and mermaiding—are adventurous and exciting activities, but can also be strenuous and potentially dangerous. As with any aquatic adventure, especially those relying on specialized equipment, there are inherent dangers which cannot be eliminated that may cause serious illness, injury, or death. You must be in good health to scuba or breath-hold dive. If you have any questions about your medical, mental, or physical fitness to dive, you should consult a physician to assess your individual risk factors.

This form is to help you determine if you should be evaluated by a physician. If you have any doubt about your fitness to dive, then you must obtain approval from a physician prior to diving. Failure to obtain a physician's approval to dive may significantly increase your risk of illness, injury or death. You are solely responsible for honestly evaluating your fitness to dive and you are ultimately responsible for your safety and well-being when engaged in dive activities (including boat travel, putting on/taking off dive equipment, getting in and out of the water, etcetera).

Additionally, if you are under the influence of alcohol or recreational drugs, unable to swim, prone to panic attacks, unable to exercise good judgment, or you are unable to be responsible for you own well-being, then you have a significant increase to risks of illness, injury, and death while in the water and you should unconditionally refrain from swimming or diving. Failure to complete this form truthfully may result in serious illness, injury, or death.

Answer each of the following questions about your past and present medical conditions by filling in the corresponding [NO] or [YES] box. If you are not sure, then answer [YES].

Do you currently have or have you been treated within the last 12 months for any of the following:

- | | | |
|--|--------|---------|
| 1. A heart, circulatory, blood, blood pressure, or bleeding abnormality that affects your ability to swim? | [No] | [Yes] |
| 2. A breathing or lung disorder (such as asthma or shortness of breath)? | [No] | [Yes] |
| 3. Musculoskeletal, stamina, strength, or mobility disorders that affects your ability to swim? | [No] | [Yes] |

If you answered [YES] to any of these questions, then you must additionally complete the Diver Medical Participant Questionnaire. This is a more thorough medical screening form used to determine if you need to be evaluated by a physician prior to any in-water diving activities.

SSI Explorers Responsible Diver Code

I agree to be responsible and to comply with the following SSI Explorers Responsible Diver Code during all in-water activities:

1. I am responsible for my own safety and well-being during all Explorer activities, including but not limited to: equalizing my air spaces, breathing normally, not overstaying my breath-hold ability, maintaining proper buoyancy, never swimming into or under something that would prevent me from ascending directly to the surface.
2. I am responsible for being physically, medically, and mentally fit to participate in all Explorer activities and experiences, and I will not hold others responsible or liable for any injury, illness, or death caused by my failure to disclose a known medical condition.
3. I am responsible for immediately notifying my instructor if I am not comfortable or I have a problem.
4. I will follow all safety instructions provided by my instructor, and I will remain with my instructor during all Explorer activities and experiences. If I cannot locate my instructor, I will exit the water.
5. I understand that SSI Explorer training does not guarantee my safety and that incidents happen even when proper procedures are followed.
6. In the event that I do not feel comfortable, capable, or willing to fulfill these responsibilities, then I will not dive.
7. I will share and discuss the SSI Responsible Diver Codes with my instructor and parent or legal guardian to ensure everyone understands the expectations and requirements of the Responsible Diver Codes.

As a Scuba Explorer, I also agree to be responsible and to comply with the following during all in-water activities:

8. I am responsible for monitoring my breathing gas supply and ending my dive with at least 35 bar/500psi remaining in my cylinder.
9. If I cannot locate my instructor, I will ascend to the surface—exhaling during my ascent—and establish positive buoyancy by either inflating my buoyancy compensator, releasing my weights, or both.

I understand the importance of being a responsible diver and I pledge to abide by the SSI Explorers Responsible Diver Code. I understand failure to abide by the Responsible Diver Code will jeopardize my safety and well-being. I explicitly agree to accept full responsibility for failing to disclose any past or current health condition that affects my safety while diving.

Participant's Signature

Signature of Parent/Guardian

Date (DD/MM/YY)

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