Sending Divers From the Mountains to the Sea Since 1961

www.DenverDivers.com

DENVER DIVERS SNORKELING

STUDENT'S NAME: _____ ☐**MALE** ☐**FEMALE**

DOB: _____ ☐**MINOR* (AGE:** _____ **)**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____ ❑**HOME** ❑**WORK** ❑**MOBILE**

E-MAIL: _____

**** Children under 12 years old, Parent/Legal Guardian must watch Risk Awareness for Children video/DVD and sign Parental Statement of Understanding***

PARENT/LEGAL GUARDIAN CONTACT INFORMATION

PARENT'S NAME: _____ **TELEPHONE:** _____

GUARDIAN'S NAME: _____ **TELEPHONE:** _____

EMERGENCY CONTACT INFORMATION

NAME: _____ **TELEPHONE:** _____

OFFICIAL USE

CLASS DATE: _____ **INSTRUCTOR NAME:** _____

CUSTOMER No: _____ **AMOUNT PAID: $** _____ **INVOICE NO:** _____

NEED MEDICAL RELEASE? ☐**Yes** ☐**No**

SCUBA SCHOOLS INTERNATIONAL

SSI Statement of Understanding

FOR SNORKELING AND SCUBA DIVING COURSES

This form and the identical form on the Diver Training Record are to be completed by the Instructor and the Student. This copy is for the Student to keep.

You are about to embark on an exciting and rewarding adventure. Diving is a safe and enjoyable lifetime sport that will challenge both your mind and body. There are some risks, as you would expect from any demanding outdoor activity, but these risks are minimized through proper instruction and are far outweighed by the benefits of diving.

The purpose of this Statement of Understanding is to provide you *and* your instructor with a way to focus on the important responsibilities you each have for your successful training as a diver. When you have completed this training you will be ready to safely enjoy gaining more open water diving experience.

Learning to dive is similar to growing up. As you grew you shared the responsibility for your well being and your quality of life with your parents. As time passed you took more and more of the responsibility until you became wholly responsible for yourself as an adult. During your training as a diver you will share the responsibility with your instructor. As the course progresses your instructor will gradually shift the responsibility for your own safety and enjoyment to *you*.

As a part of the course printed materials there will be times and places for both you and your instructor to sign off that you are comfortable with what has been accomplished and you are ready to continue the training.

To enter the very different underwater world requires special equipment. Therefore, diving is an equipment intensive sport.

With this in mind, you will want to use correct, complete, high quality equipment. Much of your instruction will concern equipment and the related skills.

Based on extensive diving experience and training, your instructor has developed a high degree of caring about and for student divers. This will be clearly brought out during the course and during the completing of both this statement and your medical history form. Please be as complete and honest as possible. If you are unsure concerning any aspects of the course, please ask.

The following responsibilities are carefully designed to help assure that you will have a safe and enjoyable experience learning to dive.

PLEASE CHECK EACH BOX TO INDICATE YOUR UNDERSTANDING OF AND AGREEMENT TO EACH REQUIREMENT.

Instructor Responsibilities — As your instructor, I agree to provide:

- ☐ A course of instruction in diving activities.
- ☐ Course educational materials.
- ☐ The use of an audiovisual teaching system.
- ☐ Complete information on all course costs.
- ☐ Proof of my current instructor certification.
- ☐ Current liability insurance for diving instruction.
- ☐ Information on health and safety considerations, such as when not to dive and important skills neeed to dive safely.
- ☐ Several open water training dives or assistance in arranging for open water training by referral.
- ☐ Certification upon satisfactory completion of the course.

Student Responsibilities — As a student, I agree to:

- ☐ Be in good physical and mental health for diving and to complete a medical history form. *You may be required to have a medical examination.*
- ☐ Prove that I know how to swim and am comfortable in the water. *You do not necessarily need to be a good swimmer.*
- ☐ Attend all classes or make up missed classes.
- ☐ Complete all class assignments.
- ☐ Pay course fees, rental fees, or other costs as listed by the instructor.
- ☐ Take care of personal dive equipment and equipment assigned to me.
- ☐ Stay with my assigned partner, instructor or group during water work.
- ☐ Give special and careful consideration to the needs and safety of my diving buddy.
- ☐ Perform skills as requested, but not attempt any skill I do not feel ready to safely perform. *Your instructor will provide additional time or instruction, if needed.*
- ☐ Complete the required number of open water dives.
- ☐ Inform my instructor if I am excessively cold or tired; under undue stress; injured; out of air; not feeling well; or have been sick during the preceding week. *The two of you will then decide what is in your best interests. You should not dive if you are having a difficulty with yourself (physical or mental), your equipment or the environment.*

Mutual Responsibilities — Together as instructor and student, we agree to:

- ☐ Buy, rent or provide diving equipment as mutually agreed. *This varies depending on the situation, but it needs to be clearly understood before continuing with the course.*
- ☐ Not use any intoxicating liquor or dangerous drugs before diving.
- ☐ Communicate as completely and as clearly as possible.
- ☐ Be considerate of the rights, feelings and needs of each other and the others involved in the course.
- ☐ Each be ultimately responsible for our own personal actions.
- ☐ Work together and share the responsibility for a safe and enjoyable diving course, as preparation for later diving adventures.

Having read and discussed this Statement of Understanding, we agree to conduct ourselves as described here.

▲Student's Name (PRINTED)	▲Age	▲Instructor's Name (PRINTED)	▲Instructor Nº
▲Student's SIGNATURE	▲ Date	▲Instructor's SIGNATURE	▲ Date
▲Parent or Guardian signs here IF STUDENT IS A MINOR		DENVER DIVERS - 303.399.2877 ▲Dive Business Name and Contact Information	

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SCUBA SCHOOLS INTERNATIONAL

Snorkeling MEDICAL FORM

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 snorkeling and of the conduct required of you during the snorkeling program. Your signature on this statement is required for you to participate in the snorkeling program offered by:

(INSTRUCTOR) All DENVER DIVERS' Dive Professionals

and (FACILITY) DENVER DIVERS

located in the city of Denver

and state of Colorado .

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the snorkeling program. If you are a minor, you must have this Statement signed by a parent or guardian.

Snorkeling is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To snorkel safely, you should not be extremely overweight or out of condition. Snorkeling 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 coronary disease, current cold or congestion, epilepsy, a severe medical problem or is under the influence of alcohol or drugs should not snorkel. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also need to learn from the instructor the important safety rules regarding snorkeling.

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

MEDICAL QUESTIONNAIRE

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in a recreational snorkeling program. A positive response to a question does not necessarily disqualify you from snorkeling. A positive response means that there is a preexisting condition that may affect your safety while snorkeling and you must seek the advice of your physician prior to engaging in snorkeling activities.

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 snorkeling.

___ Are you presently taking prescription medications (with the exception of birth control or anti-malarial)?

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

___ Epilepsy, seizures, convulsions or take medications to prevent them?

___ Blackouts or fainting (full/partial loss of consciousness)?

___ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

___ Heart disease, heart attack, angina, heart surgery or blood vessel surgery?

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 _____ Signature of Parent or Guardian _____ Date _____

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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 ENTRY-LEVEL** TRAINING*

I _____ HEREBY acknowledge that SNORKELING/SCUBA DIVING/RECREATIONAL REBREATHER DIVING IS A POTENTIALLY DANGEROUS
▲ PARTICIPANT'S NAME

ACTIVITY and involves the risk of serious injury and/or death and/or property damage. I FURTHER ACKNOWLEDGE that diving with compressed gas involves certain risks and injuries that can occur which require treatment in a medical facility and/or recompression chamber. 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.

I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE SSI (Scuba Schools International), _____ the dive center / dive resort
▲ DIVE CENTER/DIVE RESORT/DIVE SCHOOL

/ dive school ,or any of its officers, instructor agents, dive professional 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 THEREFORE 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.

I 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.

I 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 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 UNDERSTAND and agree that SSI Dive Centers, Diving Schools, Resorts their affiliated Dive Professionals, associated with the program in which I am participating, are licensed to use various SSI Trademarks and to conduct SSI training, but are not agents, employees or franchisees of SSI or its parent, subsidiary and affiliated corporations ("SSI").

I FURTHER UNDERSTAND that the Dive Center, Diving School, Resort and their affiliated Dive Professionals business activities are independent, and are neither owned nor operated by SSI, and that while SSI establishes the standards for SSI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the business activities and the day-to-day conduct of SSI programs and/or supervision of divers by the Dive Center, Diving School, Resort and their affiliated Dive Professionals or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold SSI liable for the actions, inactions or negligence of the Dive Center, Diving School, Resort and their affiliated Dive Professionals and other affiliated personnel associated with the activity.

WAIVER RELEASE VERIFICATION

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 professional the potential dangers incidental to engaging in the course and/or activity of snorkeling/scuba diving/ recreational rebreather diving and related diving operations.

Participant's Name _____ _____ **Date** _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

JUNIOR WAIVER RELEASE VERIFICATION

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 Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement. I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, and 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.

Junior Participant's Name _____
▲ Name (PLEASE PRINT)

Junior's Parent/Guardian's Name _____ _____ **Date** _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

RISK AWARENESS 3

To be signed by participant after viewing RISK AWARENESS VIDEO — PART III and prior to continuing education training dives:

Participant's Name _____ _____ **Date** _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

Witness _____ _____ **Date** _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

Junior Participant's Name _____
▲ Name (PLEASE PRINT)

Junior's Parent/Guardian's Name _____ _____ **Date** _____
▲ Name (PLEASE PRINT) ▲ (SIGNATURE REQUIRED) ▲ (DD / MM / YY)

✱ ***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.*

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