REGISTRATION

ALL FIELDS ARE REQUIRED

Student's Name (PRINTED)

Student Initials

DATE OF BIRTH

MONTH (CIRCLE ONE)

JAN **FEB** **MAR** **APR**

MAY **JUN** **JUL** **AUG**

SEP **OCT** **NOV** **DEC**

Year

Day

Mailing Address

Best Contact Phone Number

Country

E-Mail Address

Language

Dive Center Number

Diving Since

Freediving Since

Number of Dives

Number of Freedives

Dive Pro Name (PRINTED)

SSI Master ID Number

TRY SCUBA/BASIC DIVER MEDICAL QUESTIONNAIRE

Please Read Carefully Before Signing

The purpose of this medical questionnaire is to find out if you should be examined by a physician before participating in the Try Scuba Diving or Basic Diver program. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to any in-water activities.

Diving is an exciting and demanding activity. When performed correctly, applying the correct techniques, it is very safe. However, when established safety procedures are not followed, there are dangers. Diving can even be strenuous under certain conditions. Therefore, you must not be out of condition or extremely overweight.

To safely scuba dive, your respiratory and circulatory systems must be in good health. This simply means that all body air spaces need to be normal. A person with heart trouble, a cold or congestion, epilepsy, asthma, severe medical problems or who is under the influence of alcohol or drugs should not dive. If you are taking medication, consult your physician and SSI Professional before participating in this program. If you have any additional questions regarding this Medical Questionnaire, review them with your SSI Professional before signing.

During this program, your SSI Professional will teach you important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury or death and you must be instructed in its use under the direct supervision of a qualified SSI Professional to use it safely.

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 request that you consult with a physician prior to participating in scuba diving. Your SSI Professional will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

- ☐ Do you have a history of ear or sinus surgery?
- ☐ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- ☐ Are you presently experiencing any ear problems?
- ☐ Ear infection?
- ☐ Ear disease?
- ☐ Loss of hearing?
- ☐ Problems with balance?
- ☐ Do you have a history of respiratory complications?
- ☐ Severe hay fever?
- ☐ Allergies?
- ☐ Lung disease?
- ☐ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- ☐ Do you have active asthma or history of emphysema or tuberculosis?
- ☐ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- ☐ Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- ☐ Are you or could you be pregnant?
- ☐ Do you have a history of colostomy?
- ☐ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- ☐ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- ☐ Are you over 45 and have a family history of heart attack or stroke?
- ☐ Do you have a history of bleeding or other blood disorders?
- ☐ Do you have a history of diabetes?
- ☐ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- ☐ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- ☐ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)

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 (DD/MM/YY)	Signature of Parent or Guardian	Date (DD/MM/YY)

SSI WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

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 legal guardian.

Liability Releases are not applicable in every country. Please ask your SSI Training Center if this form needs to be signed.

I _____ (PARTICIPANT'S NAME) HEREBY acknowledge and agree that SNORKELING/FREEDIVING/SCUBA DIVING/RECREATIONAL REBREATHER 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 gas involves risks and injuries that can occur which require treatment in a medical facility and/or recompression chamber. I UNDERSTAND that 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 UNDERSTAND AND AGREE that snorkeling/freediving/scuba diving/recreational rebreather and related activities involve physical exertion in a marine environment that expose me to risk of injury or death from heart attack, panic, hyperventilation, hypothermia, drowning, fatigue and exhaustion, as well as from wind and weather conditions, tides, currents, waves, equipment failure, interactions with watercraft, swimmers and aquatic life, rocks, docks, pilings, buoys and other potential hazards, any or all of which may not be visible, known or anticipated, and I agree these are all INHERENT RISKS of my chosen activity. I HEREBY ASSUME ALL 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.

To the fullest extent allowed by law, I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Scuba Schools International or any of its parent, subsidiary or affiliated companies ("SSI"), as well as _____

SSI TRAINING CENTER, all of their instructors and dive professionals, and all of their parent, subsidiary or affiliated companies, agents, employees, officers, directors, owners or sponsors (the "Releasees") FROM ALL RESPONSIBILITY OR LEGAL LIABILITY TO ME, my personal representatives, assigns, heirs and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN OR FROM 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, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I agree that my participation in snorkeling/freediving/scuba diving/recreational rebreather diving is entirely voluntary and of my own free will.

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 and Indemnity Agreement extends to all acts of negligence by Releasees, INCLUDING NEGLIGENT RESCUE OPERATIONS.

This document constitutes the FINAL AND ENTIRE AGREEMENT regarding the subjects it covers, and it is binding upon the heirs, successors and assigns of the parties even if I die or become incapacitated. This document supersedes any and all other documents or oral statements, and I represent that I am not relying upon any oral or written representations that conflict with what is set forth in this document.

This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as permitted by applicable laws, but it is not intended to assert any claims or defenses that are prohibited by law, 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 Training Centers and their affiliated SSI 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 Scuba Schools International or any of its parent, subsidiary or affiliated companies ("SSI").

I FURTHER UNDERSTAND AND AGREE that the SSI Training Center and their affiliated SSI Professionals' business activities are independent, and are neither owned nor operated by SSI, and that while SSI establishes the standards for SSI training programs, SSI 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 SSI Training Center and their affiliated SSI 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 heirs or estate will have any legal right to sue or to hold SSI liable for the actions, inactions or negligence of the SSI Training Center and their affiliated SSI 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 SSI Professional the potential dangers incidental to engaging in the course and/or activity of snorkeling/freediving/scuba diving/recreational rebreather diving and related diving operations.

PARTICIPANT'S NAME

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)

MINOR WAIVER RELEASE VERIFICATION

As parent or guardian, I am signing this document on behalf of my minor child and on behalf of all of the child's parents and guardians, and we 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 its terms, understand that we 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 in the event of a claim or suit by or on behalf of the minor child.

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 SSI Professional prior to commencement of the minor child's snorkeling or scuba activities.

MINOR PARTICIPANT'S NAME

Name (Please Print)

MINOR'S PARENT/GUARDIAN'S NAME

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)

RISK AWARENESS VERIFICATION

TO BE SIGNED BY PARTICIPANT AFTER VIEWING RISK AWARENESS ENTRY LEVEL VIDEO — PARTS 1 AND 2 OR READING THE APPROPRIATE TEXTS AND PRIOR TO ANY WATER WORK:

PARTICIPANT'S NAME

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)

WITNESS

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)

TO BE SIGNED BY PARTICIPANT AFTER VIEWING RISK AWARENESS CONTINUING EDUCATION VIDEO (PART 3) AND PRIOR TO CONTINUING EDUCATION TRAINING DIVES:

PARTICIPANT'S NAME

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)

WITNESS

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)

TO BE SIGNED BY PARTICIPANT AFTER VIEWING RISK AWARENESS FOR MINORS VIDEO OR READING THE APPROPRIATE TEXT PRIOR TO ANY WATER WORK:

MINOR PARTICIPANT'S NAME

Name (Please Print)

MINOR'S PARENT/GUARDIAN'S NAME

Name (Please Print)	(Signature Required)	Date (DD/MM/YY)