

SSI Try Scuba & Diving SCUBA SCHOOLS INTERNATIONAL RECORD CARD

Personal Information:

Name _____
 Street _____ City _____ Country _____
 State _____ Zip _____
 Date of Birth _____ Male Female Phone (H) _____ : (W) _____
 Email Address _____
 Leader Name _____ No. _____ Agency _____

In Case of Emergency, Contact:

Name _____ Relationship _____ Phone (H) _____ : (W) _____
 Street _____ City _____
 State _____ Zip _____ Country _____

Begin Your Adventure! Become an SSI Open Water Diver.

Diving is the greatest sport imaginable. It's fun for everyone, regardless of your age, level of ability, or the level of adventure you want. It's perfect for families, couples and singles.

Talk to your instructor about enrolling in a scuba course so you can get certified to dive anytime you want. Or find an SSI Training Facility near your home at www.diveSSI.com.

Medical History

To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by your licensed medical practitioner 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 licensed medical practitioner.

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 licensed medical practitioner 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 licensed medical practitioner.

Have you ever had or do you currently have...

Do you have a family history of heart attack or stroke and are you 45 years or older? _____
 High cholesterol level _____
 Have a family history of heart attacks or strokes _____
 Are you pregnant or do you suspect you may be pregnant? _____
 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)? _____
 History of chest surgery? _____
 Claustrophobia or agoraphobia (fear of closed or open spaces)? _____

Behavioral health problems? _____
 Epilepsy, seizures, convulsions or take medications to prevent them? _____
 History of blackouts or fainting (full/partial loss of consciousness)? _____
 History of diabetes? _____
 History of back, arm or leg problems following surgery, injury or fracture? _____
 History of any heart disease? _____
 History of heart attacks? _____
 Angina or heart blood vessel surgery? _____
 History of ear or sinus surgery? _____
 History of ear disease, hearing loss or problems with balance? _____
 History of bleeding or other blood disorders? _____
 History of colostomy? _____

The information I have provided about my medical history is accurate to the best of my knowledge.

▲ SIGNATURE

▲ DATE



Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

Event, Activity,
Training, or Trip

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 _____ **Date** _____
▲ (PLEASE PRINT) ▲ (SIGNATURE)

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

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

*** 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.**