



TRY SCUBA & TRY SCUBA DIVING

RECORD CARD

Personal Information:

Name _____

Street _____ City _____

State _____ Zip _____ Country _____

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 _____

Privacy Statement and Consent Form

I understand and agree that for the purpose of Diver Training and for verification of my scuba diving experience, SSI will retain the personal information I have provided to them during my training which includes, but is not limited to, my name, mailing address, email address, phone number, date of birth, photograph, and SSI identification number.

This personal information will be stored in SSI's database, also referred to as ODIN. SSI will take reasonable steps to ensure that this data is protected, and I will be given a username and password which will allow me to access the SSI database and verify that my personal information contained therein is correct, current, and accurate.

I consent to SSI, an SSI authorized affiliate, or an SSI subsidiary, accessing this information for purposes of verifying my scuba diving experience.

▲ SIGNATURE ▲ DATE

▲ SIGNATURES OF PARENTS OR GUARDIANS WHERE APPLICABLE ▲ DATE

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

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

▲ 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 Try Scuba Diving Training —

In consideration of permitting me, _____ to enroll in
(PARTICIPANT'S NAME)
a snorkeling/scuba diving instructional course and/or participate in snorkeling/scuba diving activities and
related operations conducted by ALL DIVE LEADERS through the facility
(DIVE LEADER'S NAME)
of DENVER DIVERS in the city of DENVER in the County of
(DIVE BUSINESS NAME)
DENVER, and State of CO 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 REQUIRED) ▲ (DATE)

Father's Name _____
▲ (PLEASE PRINT)

▲ (SIGNATURE REQUIRED) ▲ (DATE)

Guardian's Name _____
▲ (PLEASE PRINT)

▲ (SIGNATURE REQUIRED) ▲ (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.