



First Name

Last Name

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

SSI Introductory Scuba Code - Assumption of Risk, Liability Release & Hold Harmless Agreement

This form is used for SSI Try Scuba and SSI Basic Diver programs. This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing. Warning – Scuba diving uses life-support equipment and techniques that have inherent risks that may cause injury, illness, or death.

In consideration of being allowed to participate in an SSI Introductory Scuba Program, I, _____ (print name of participant) expressly agree to be bound by this Agreement and comply with the Introductory Scuba Code described below. I understand this Agreement is between me, my family, estate, heirs, and/or anyone who may have a claim on my behalf, and _____ (print name of training center), including all instructors, facilities, boats, and dive sites; in addition to Scuba Schools International (“SSI”), and all respective owners, officers, employees, representatives, volunteers, agents, contractors, and any others on their behalves, whether specifically named or not (herein referred to as “Released Parties”).

I voluntarily assume all risks of injury, illness, and death, caused by scuba diving and all related activities, whether foreseeable or not, including but not limited to risks associated with; swimming, entering and exiting the water, falling on, being struck by or abandoned by a boat, holding my breath, pre-existing health conditions, heart failure, overexertion, panic, drowning, pressure-related injuries, decompression illness, environmental and marine life injuries, unknown causes, equipment malfunctions, improper dive planning, or improper action of other divers or support personnel (including failure to rescue, recover, resuscitate, or provide emergency assistance). I understand dive activities are conducted at sites that are remote, in time and distance, from medical care. I understand these risks and voluntarily choose to participate despite the risks.

I agree to be responsible to comply with the following SSI Introductory Scuba Code during all diving activities:

1. I am responsible for my own safety and well-being during all scuba dives, including but not limited to; equalizing my air spaces, breathing normally, maintaining proper buoyancy, and remaining with my dive leader throughout the dive.
2. I am responsible for being physically, medically, and mentally fit to participate in scuba diving; and I affirm all the personal information I have provided on the Fit to Dive questionnaire is truthful and accurate to the best of my knowledge; 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 monitoring my air supply and ending my dive with at least 500 psi/35 bar.
4. I am responsible for immediately notifying my dive leader if I am not comfortable or I have a problem.
5. I will remain with my dive leader throughout my dive; however, if I become separated and cannot locate my dive leader, I will ascend to the surface (making sure to exhale during ascent) and establish positive buoyancy by inflating my buoyancy compensator or releasing my weights.
6. I understand dive training does not guarantee my safety and that accidents happen even when proper procedures are followed.
7. In the event that I do not feel comfortable, capable, or willing to fulfill these Responsibilities then I will not dive.

I agree to waive, release, not sue, discharge, save, indemnify, and hold harmless the Released Parties of all claims, demands, causes of action, lawsuits and damages by me, my estate, family, heirs, or others who may have a claim for my injury, illness, or death as a result of any act or failure to act, including negligence by the Released Parties, associated with my introductory scuba experience and all related activities. I agree that it is my responsibility to inform my family and all those who may have legal rights on my behalf that I have entered into this Agreement and it is my intent that they be bound by the Agreement. I agree that me or my estate shall be fully liable for the cost to Released Parties for any claim brought on my behalf arising from my participation in scuba diving and all related activities.

I understand SSI licenses SSI Training Centers, SSI Professionals, and their affiliates to use various SSI trademarks and to conduct SSI training, but I agree they are not agents, employees, or franchisees of SSI, its parent, subsidiary, or affiliated corporations. I further understand that SSI Training Centers, SSI Professionals, and their affiliates' businesses are independent, and are neither owned, operated, or controlled by SSI, and that while SSI establishes standards and materials for SSI training programs, it is not responsible for, nor does it have the right to control, the operation of the business activities or the day-to-day training programs and/or supervision of divers by SSI Training Centers, SSI Professionals, their affiliated businesses, and/or their associates' staff. I further understand and agree on behalf of myself, that in the event of injury, illness or death during dive activities, I shall not hold SSI liable for the actions, inactions or negligence of the SSI Training Center, SSI Professionals, and other affiliated businesses or personnel associates with my dive activities.

I have read this Agreement and the SSI Introductory Scuba Code. I expressly understand my responsibilities and that I am giving up legal rights by signing this Agreement. I understand this is a legal contract and I am voluntarily signing it without inducement or duress. I understand this is an unconditional and complete release of all liability to the greatest extent allowed by law. If any portion of this Agreement is found to be legally unenforceable, that portion shall be severed, and the remainder shall have full legal force. I agree to be bound by this Agreement without modification of the preprinted text. I am over 18 years of age and legally competent to engage in this Agreement, or I have acquired the written consent of my parent or guardian by completing the SSI Youth Addendum form.

Participant's Name (Print)

Participant's Signature

Date (DD/MM/YY)

Parent/Guardian (Print)

Parent/Guardian Signature

Date (DD/MM/YY)



First Name

Last Name

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

SSI Introductory Scuba Experience - Fit To Dive Screening

Scuba diving is an adventurous and exciting activity, but it can also be strenuous and potentially dangerous. As with any aquatic adventure, especially those relying on underwater breathing equipment, there are inherent dangers which cannot be eliminated that may cause serious illness, injury or death. You must be in good health to 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 examined 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 wellbeing when engaged in dive activities (including boat travel, putting on/taking off dive equipment, getting in and out of the water, etcetera).

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]. A [YES] response indicates a possible risk factor that must be evaluated by a physician. If any of these conditions apply to you, then you must obtain approval to dive from a physician before participating in any SSI Dive Experiences or SSI Dive Programs.

- 1. Are you currently being treated or under the care of a medical professional for a medical, mental or physical condition? [NO] [YES]
- 2. Do you take prescription medication(s) (not including birth control)? [NO] [YES]

Do you currently have or have you been treated within the last two years for any of the following:

- 3. A heart, circulatory, blood, blood pressure, or bleeding abnormality? [NO] [YES]
- 4. A stroke, seizure, head injury, loss of consciousness, behavioral, or neurologic condition? [NO] [YES]
- 5. An ear, sinus, mouth, throat, or lung disorder – including asthma? [NO] [YES]
- 6. Diabetes, severe allergies, obesity, stomach or intestinal disorders? [NO] [YES]
- 7. 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 be evaluated by a physician who must approve you to dive, prior to any in-water diving activities. You are responsible for obtaining a completed Physician's Approval to Dive form and provide that completed form to your instructor before any in-water dive training.

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 wellbeing, 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.

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

Date (DD/MM/YY)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)

Physician

Physician's Impression

- I find no medical conditions that I consider incompatible with diving. I am unable to recommend this individual for diving.

Physician's Signature or Legal Representative of Medical Practitioner

Physician's Name or Stamp

Date (DD/MM/YY)

Clinic/Hospital

Address

Phone

Email



Try Scuba and Basic Diver Participant Registration Form

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Date of Birth (DD/MM/YY)
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	
Email Address	Cell Phone	

Emergency Contact

<input type="text"/>	<input type="text"/>
Name	Relationship
<input type="text"/>	<input type="text"/>
Email Address	Cell Phone

Download the free MySSI App, available for iOS or Android! SSI designed the MySSI App to be that “All-In-One Tool” for your diving experiences and to give you access to your Digital Learning Materials, Digital Logbook and Digital Recognition Cards, all in the palm of your hand. There are a variety of features like news, local events, training dates, fun 360° videos and even dive tables and hand signals to review before your next dive.

my.divessi.com



MySSI App: iOS



MySSI App: Android

