

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required).

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego



GENERAL TRAINING

(EU Version)

Please read carefully and fill in all blanks before signing

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff.

Statement of Risk and Liability

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

Warning

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips that are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, _____, nor the facility through which this programme is conducted, _____, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, _____, the facility through which this programme is offered, _____, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

Participant Name (Please Print)

Participant Signature

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)



Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a **SAFE** diver – **S**lowly **A**scend **F**rom **E**very dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, _____, and my/our child, _____, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

Parent/Guardian Name

Parent/Guardian Signature

(Day/Month/Year)

Participant/Minor Name

Participant/Minor Signature

(Day/Month/Year)

PADI® EMERGENCY TREATMENT CONSENT FORM

www.padi.com

I affirm I am the parent and/or legal guardian of _____
NAME OF MINOR

As the parent/guardian, I hereby authorize _____, and/or its
(DIVE CENTER/RESORT/INSTRUCTOR)

agents, employees or assigns, to seek medical treatment for _____
(MINOR)

as a result of an accident or illness while under the supervision of _____
(DIVE CENTER/RESORT/INSTRUCTOR)

I authorize the treatment of _____, by a qualified and
(MINOR)

licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

I affirm I have read the **Liability Release and Assumption of Risk** form, signed it of my own free will, and understand the legal consequences of signing the document.

I have fully informed myself of the contents of this **Emergency Treatment Consent Form** by reading it before I signed it.

PARENT/GUARDIAN (PLEASE PRINT)

DD / MM / YY

SIGNATURE OF PARENT/GUARDIAN

HOME PHONE

ADDRESS

WORK PHONE

ADDRESS

Specific medical allergies, medicine being taken or other conditions physician should be aware of (if none, please write NONE):

Medical Insurance Company: _____

Policy Number: _____



First Name

Last Name

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

Boat – Event – Travel

ASSUMPTION OF RISK, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing.

Insert Name of Training Center/Boat/Professional hosts Activities, including but not limited to snorkeling, freediving, breath-hold diving, scuba diving, technical diving, dive instruction, aquatic life interactions, land and underwater exploration, travel (in air, on land and over water), boating, fishing, lodging, food, beverages and all related activities (herein referred to as "Activities"). These Activities are inherently dangerous and may result in property loss, illness, injury, and death. In consideration of being allowed to participate in the Activities, I HEREBY AGREE TO BE LEGALLY BOUND BY THE TERMS AND CONDITIONS OF THIS ASSUMPTION OF RISK, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT (herein referred to as "Agreement").

Agreement Parties: I, on behalf of MYSELF, MY FAMILY, HEIRS, ASSIGNS, REPRESENTATIVES & ALL WHO MAY HAVE A CLAIM ON MY BEHALF (hereafter referred to as "me", "my", "I" or "Participant"), voluntarily enter into this Agreement with the aforementioned host, including but not limited to their owners, officers, directors, sponsors, agents, insurers, employees, captains, crewmembers, dive professionals, volunteers, boats (whether owned, operated, leased, or chartered), and all other persons and businesses associated with the Activities, whether specifically named or not (hereafter referred to as "Released Parties").

Participant's Responsibilities & Assumption of Risks: I understand there are inherent risks of property loss, illness, injury, and death associated with the Activities. I will follow safe practices, maintain awareness and use good judgment set forth in the applicable SSI Responsible Code to reduce the risks, however I know the risk of property loss, illness, injury and death cannot be eliminated. I hereby agree to be solely responsible for my health, safety, and actions. If I choose to scuba dive, I hereby affirm that I am a certified and competent diver or a student under the supervision of a certified scuba instructor. I am solely responsible to verify the function and adequacy of the equipment I use prior to each dive and to monitor my gas supply throughout my dives. I will plan and conduct all dives within my training and ability and return to the dive boat with a minimum of 500psi cylinder pressure. In the event I choose to dive without a dive partner or continue my dive in the absence of a dive partner, I understand and accept the increased risks of solo diving. I understand the Activities will expose me to inherent dangers including but not limited to: panic, drowning, decompression illness, overexpansion injuries, pressure related injuries, breathing gas toxicities, equipment failure, dangerous acts of others, infections, illnesses, allergic reactions, communicable illnesses and diseases, marine life bites and stings, dangerous environmental conditions, and risks associated with boating Activities, including but not limited to transits, boarding, departing, lodging, transfers, entering and exiting the water, that expose me to inherent dangers including but not limited to unexpected movements, slipping, tripping, falling, dangerous environmental conditions, fire, equipment failure, capsizing, sinking, grounding, abandonment, collision, dangerous acts of others, being hit by a boat, hazards of the sea. **I UNDERSTAND THERE ARE RISKS OF PROPERTY LOSS, ILLNESS, INJURY AND DEATH EVEN WHEN ALL SAFETY MEASURES ARE IN PLACE AND UTILIZED. DESPITE THE RISK OF PROPERTY LOSS, ILLNESS, INJURY AND DEATH, I VOLUNTARILY CHOOSE TO PARTICIPATE IN THE ACTIVITIES AND ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITIES, WHETHER FORESEEN OR UNFORESEEN, AND WHETHER CREATED OR NOT BY THE RELEASED PARTIES.**

Participant's Condition & Emergency Awareness: I will participate in the Activities within my certification level, experience, skill and abilities. My participation in the Activities is voluntary and if I do not feel well, willing, capable and competent to participate, or if I become aware of an unsafe condition, I will take appropriate action for my safety and/or refrain from participation. I hereby affirm I am physically, medically and mentally fit to participate in the Activities. I will not hold the Released Parties responsible for any condition that results in illness, injury or death to me. I will not possess or consume illegal drugs or medications contraindicated for the Activities. I will not participate in the Activities while under the influence of alcohol or drugs (other than medications prescribed or authorized to me by a physician). I understand the Activities will be conducted at remote locations delaying emergency response, medical care and hyperbaric care. I understand that diving with compressed gases involves inherent risks, including but not limited to, over expansion injuries, decompression injuries, embolism and drowning. Diving injuries may require treatment in a hyperbaric chamber. I understand that these Activities may be conducted at a site that is remote, by time and distance, from a hyperbaric chamber and medical facilities. Despite the inherent risks, I expressly choose to proceed with the Activities in the absence of a nearby hyperbaric chamber and medical facility. **I EXPRESSLY ASSUME THESE RISKS AND HEREBY RELEASE THE RELEASED PARTIES FOR FAILURE TO RESCUE OR PROVIDE PROPER EMERGENCY RESPONSE OR MEDICAL CARE. I AUTHORIZE THE RELEASED PARTIES TO PROVIDE FIRST AID AND MEDICAL CARE TO ME IF I BECOME ILL OR INJURED. I AGREE TO BE SOLELY RESPONSIBLE FOR AND PAY ALL EXPENSES ASSOCIATED WITH ANY EMERGENCY RESPONSE AND MEDICAL CARE PROVIDED TO ME, INCLUDING BUT NOT LIMITED TO EMERGENCY OXYGEN, FIRST AID SUPPLIES, EMERGENCY RESPONSE, TRANSPORTATION, FOOD, LODGING, SPECIAL NEEDS, HYPERBARIC TREATMENT AND/OR MEDICAL CARE PROVIDED BY THE RELEASED PARTIES. I UNDERSTAND THE IMPORTANCE OF, AND MY RESPONSIBILITY TO HAVE, PERSONAL INSURANCE THAT SPECIFICALLY COVERS DIVE AND TRAVEL RELATED EMERGENCIES AND MEDICAL CARE.**

Release of Liability: In consideration of being allowed to participate in the Activities, I HEREBY AGREE TO FOREVER RELEASE THE RELEASED PARTIES FROM ALL LIABILITY ARISING AS A RESULT OF MY PROPERTY LOSS OR DAMAGE, ILLNESS, INJURY AND OR DEATH DUE TO ANY ACT OR FAILURE TO ACT, INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF ANYONE, INCLUDING NEGLIGENCE BY THE RELEASED PARTIES. **I SHALL NOT HOLD THE RELEASED PARTIES RESPONSIBLE OR LIABLE FOR DEFECTIVE PRODUCTS OR THE ACTS OF THIRD PARTIES, VENDORS, SUPPLIERS OR CONTRACTORS. I UNDERSTAND THIS IS A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE RELEASED PARTIES TO THE GREATEST EXTENT ALLOWED BY LAW.**



First Name

Last Name

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

Boat – Event – Travel

ASSUMPTION OF RISK, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing.

Hold Harmless & Indemnification: I AGREE TO HOLD HARMLESS & INDEMNIFY THE RELEASED PARTIES FROM ALL CLAIMS, CAUSES OF ACTION OR LAWSUITS ARISING FROM MY PARTICIPATION IN THE ACTIVITIES. I HEREBY OBLIGATE MYSELF, AND MY FAMILY OR MY ESTATE, IF I AM DECEASED, TO BE FULLY RESPONSIBLE TO PAY ALL COSTS ASSOCIATED WITH ANY CLAIMS, CAUSES OF ACTION, LAWSUITS OR JUDGMENTS AGAINST THE RELEASED PARTIES AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES. COSTS INCLUDING DEFENDING AND PAY ALL JUDGMENTS, COURT COSTS, DAMAGES, INVESTIGATION COSTS, ATTORNEY FEES AT ALL LEVELS, INCLUDING PRE-LAWSUIT, TRIAL, MEDIATION, ARBITRATION, APPEAL, AND ALL OTHER EXPENSES INCURRED BY THE RELEASED PARTIES THAT RELATE TO ENFORCEMENT OF THIS AGREEMENT.

I understand and agree the SSI licenses training centers, professionals and their affiliates to use various SSI trademarks and to conduct SSI approved training, but they are not agents, employees or franchisees of SSI, its parent, subsidiary, or affiliated corporations. I further understand 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, 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 and or supervision of Participants by SSI training centers, SSI professionals, their affiliated businesses, and/or their associated staff. I further understand and agree on behalf of myself, that in the event of injury, illness or death during the 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 associated with my participation in the Activities.

Legal Contract, Governing Law & Severability: I understand this Agreement is a contract giving up My legal rights. This Agreement shall be in full legal force from the time I sign it, through the duration of all Activities, and into the future until all claims and legal action against the Released Parties arising as a result of my participation in the Activities are fully resolved. I agree that any legal action arising as a result of my participation in the Activities shall be governed by the Laws of the State in which the Host is located, and that State shall be the exclusive jurisdiction and venue of any legal action. If any portion of this Agreement is found to be unenforceable or invalid, then that portion shall be severed, and the remainder shall continue in full legal force. I agree that any photocopy, fax copy, or electronic completion/signature/confirmation of this Agreement shall have full legal force as if it were an original document signed by me. **I VOLUNTARILY AND FREELY ENTER INTO THIS CONTRACT BASED EXCLUSIVELY ON THE PREPRINTED TERMS OF THIS AGREEMENT WITHOUT MODIFICATION AND WITHOUT RELYING ON ANY OTHER REPRESENTATIONS OR ASSURANCES.**

I HAVE FULLY READ, UNDERSTAND AND AGREE TO BE LEGALLY BOUND BY THIS AGREEMENT. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP LEGAL RIGHTS FOR MYSELF AND ALL OTHERS WHO MAY HAVE A CLAIM ON MY OR THEIR BEHALF AGAINST THE RELEASED PARTIES AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES.

Participant's Name (Print)	Participant's Name (Signature)	Date of Birth	Date
Address	City / State / Zip	Cell	Email
Emergency Contact	Relationship	Cell	Email

Certified Divers Complete This Section

Highest Certification Level	Agency	Cert. Number	Total Dives	Date of Last Dive	[YES] [NO] Dive Accident Insurance?	Ins. Provider
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Students in Training Complete This Section

Your Instructor's Name	Your Instructor's Certifying Agency	Name of Course
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First Name

Last Name

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

Boat – Event – Travel

ASSUMPTION OF RISK, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing.

PARENTAL CONSENT – YOUTH ADDENDUM

ALL PARTICIPANTS UNDER 18 YEARS OF AGE MUST HAVE A PARENT'S SIGNATURE AGREEING THAT THE PARTICIPANT AND PARENTS OF THE PARTICIPANT ARE LEGALLY BOUND BY THIS AGREEMENT.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN POTENTIALLY DANGEROUS ACTIVITIES. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THE ACTIVITIES BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITIES WHICH CANNOT BE COMPLETELY AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITIES. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Child/Youth's Name (Print)

Child/Youth's Date of Birth

Age

Event/Trip/Activity

Parent Guardian Name (Print)

Parent Guardian Name (Signature)

Date

Relationship