



SSI Explorers 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

Privacy Policy

This Privacy Policy explains why SSI Training Centers obtain your personal data for the purposes of conducting your training, issuing certifications, administration of your private information and any other necessary specifics regarding the performance of this agreement.

By registering in MySSI, you are consenting to share your personal data: Name (First and Last), Address (Postbox), Postcode (Zip), City, State, Country, Email Address, Telephone Numbers (optional), Date of Birth, Photo, Language, Gender, SSI Master ID, Course Type, Course Progress and Certification Information (Name, SSI Training Center, Certifying Instructor, Year You Started Diving, Level of Experience, Number of Dives and Issue Date), plus your training center Affiliation.

By giving your consent, SSI Training Centers may subsequently access your personal data described above in order to identify you, verify or confirm the status of your training and certifications and to offer you continued training and services based on your diving experience. For more information you may go to the SSI Privacy Policy at https://my.divessi.com/myssi_privacy.

<input type="text"/>
Signature of Participant

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.

Download the free MySSI App, available for iOS or Android! 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





First Name

Last Name

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

SSI Explorers | Fit To Dive Screening and Responsible Diver Code

Scuba and breath-hold diving—including snorkeling, freediving, and mermaiding—are adventurous and exciting activities, but can also be strenuous and potentially dangerous. As with any aquatic adventure, especially those relying on specialized equipment, there are inherent dangers which cannot be eliminated that may cause serious illness, injury, or death. You must be in good health to scuba or breath-hold 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 evaluated 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 well-being when engaged in dive activities (including boat travel, putting on/taking off dive equipment, getting in and out of the water, etcetera).

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 well-being, 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.

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].

Do you currently have or have you been treated within the last 12 months for any of the following:

- 1. A heart, circulatory, blood, blood pressure, or bleeding abnormality that affects your ability to swim? [No] [Yes]
- 2. A breathing or lung disorder (such as asthma or shortness of breath)? [No] [Yes]
- 3. 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 additionally complete the Diver Medical Participant Questionnaire. This is a more thorough medical screening form used to determine if you need to be evaluated by a physician prior to any in-water diving activities.

SSI Explorers Responsible Diver Code

I agree to be responsible and to comply with the following SSI Explorers Responsible Diver Code during all in-water activities:

- 1. I am responsible for my own safety and well-being during all Explorer activities, including but not limited to: equalizing my air spaces, breathing normally, not overstaying my breath-hold ability, maintaining proper buoyancy, never swimming into or under something that would prevent me from ascending directly to the surface.
- 2. I am responsible for being physically, medically, and mentally fit to participate in all Explorer activities and experiences, 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 immediately notifying my instructor if I am not comfortable or I have a problem.
- 4. I will follow all safety instructions provided by my instructor, and I will remain with my instructor during all Explorer activities and experiences. If I cannot locate my instructor, I will exit the water.
- 5. I understand that SSI Explorer training does not guarantee my safety and that incidents happen even when proper procedures are followed.
- 6. In the event that I do not feel comfortable, capable, or willing to fulfill these responsibilities, then I will not dive.
- 7. I will share and discuss the SSI Responsible Diver Codes with my instructor and parent or legal guardian to ensure everyone understands the expectations and requirements of the Responsible Diver Codes.

As a Scuba Explorer, I also agree to be responsible and to comply with the following during all in-water activities:

- 8. I am responsible for monitoring my breathing gas supply and ending my dive with at least 35 bar/500psi remaining in my cylinder.
- 9. If I cannot locate my instructor, I will ascend to the surface—exhaling during my ascent—and establish positive buoyancy by either inflating my buoyancy compensator, releasing my weights, or both.

I understand the importance of being a responsible diver and I pledge to abide by the SSI Explorers Responsible Diver Code. I understand failure to abide by the Responsible Diver Code will jeopardize my safety and well-being. 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

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 Explorers | Assumption of Risk, Liability Release & Hold Harmless Agreement

(Form not to be used within the European Union and various other countries depending on local laws/regulations - The SSI Training Center and its SSI Professionals are responsible for knowing and adhering to laws/local regulations). This form is used for SSI Explorers programs and Explorers specialty experiences. This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing. Warning – SSI Explorers programs use 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 Explorers program, I, (print name of participant) expressly agree to be bound by this Agreement and comply with the SSI Explorers Responsible Diver Code. I understand this Agreement is between me, my family, estate, heirs, and/or anyone who may have a claim on my behalf, and

High Plains Scuba Center (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, breath-hold 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, getting separated or lost underwater, holding my breath, becoming unconscious, 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 these risks and voluntarily choose to participate despite the risks.

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 Explorer 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 SSI Explorer program-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 Explorer Responsible Diver 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 have acquired the written consent of my parent or guardian to engage in this Agreement 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.

YOUTH ADDENDUM – INCORPORATED AS AN ADDENDUM TO THE ASSUMPTION OF RISK, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

(Form not to be used within the European Union and various other countries depending on local laws/regulations - The SSI Training Center and its SSI Professionals are responsible for knowing and adhering to laws/local regulations).

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. 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 THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE 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 ACTIVITY. 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 AND THE ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT.

THIS YOUTH ADDENDUM TO THE ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

Participant’s Name (Print)

Participant’s Signature

Date (DD/MM/YY)

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date (DD/MM/YY)