



Please fill in all appropriate blanks in black or blue ink.

Parent or Guardian must sign for students age 8 through 17.

If physician's approval required it must be signed by a M.D. or D.O.

# Try Scuba and Basic Diver Participant Registration Form

		(Day, Month, Year)
First Name	Last Name	Date of Birth (DD/MM/YY)

Mailing Address (Street, City, State & Zip)

Email Address	Cell Phone

Gender: ( ) Female / ( ) Male / ( ) Non-Binary

## Emergency Contact

Name	Relationship

Email Address	Cell Phone

TRY SCUBA FORMS

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](http://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 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 **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 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)

TRY SCUBA FORMS



First Name

Last Name

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

# 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.

We review this Privacy Policy periodically for compliance with changes to the GDPR (General Data Protection Regulation) and other relevant regulations. When necessary, we will update the Policy to comply with new requirements.

SSI and SSI Training Centers jointly determine the purpose, scope and delivery of training content, processing, issuing and delivering certifications and administration of your personal data stored in the MySSI system at SSI International GmbH, Johann-Hoellfritsch-Straße 6, 90530 Wendelstein, Germany, Email: info@diveSSI.com, Tel:+49-91 29-9099380.

If you have questions or you would like a copy of the Joint Controller Agreement which describes the arrangement above and the safeguards of protecting your personal data, go to the following link: [https://my.divessi.com/ssi\\_dc\\_joint\\_controller\\_agreement](https://my.divessi.com/ssi_dc_joint_controller_agreement), or contact SSI at [privacy@diveSSI.com](mailto:privacy@diveSSI.com).

## 1. SSI Authorized Training Center “Data Controller”

<b>SSI Training Center Name</b>	High Plains Scuba Center
<b>Street, PO Box</b>	115 West Harvard St.
<b>ZIP Code, City</b>	80525, Fort Collins
<b>State, Country</b>	Colorado, USA

## 2. Personal Data

“Personal data” is any information relating to an individual person (“data subject”). An identifiable natural person is one who can be identified, directly or indirectly, by reference to information such as a name, identification number, location data, or online identification. Name(s), address(es), telephone number(s), e-mail address(es), user ID(s), credit card number(s), social media account ID(s), login username(s), IP address(es) and GPS data are considered personal data.

## 3. Processing Your Personal Data

SSI International GmbH, SSI Training Centers, your SSI Instructor and other SSI Professionals may all be involved in your training, processing, and delivery of your certification, therefore we need to collect and process the following personal data:

- First and Last Name
- Address, Post Box
- Postcode, City
- State, Country
- Email Address
- Telephone Numbers (optional)
- Date of Birth
- Gender
- Photo
- Language
- SSI Master ID
- Course Type, Course Progress
- Certification Data (Number, Date, Instructor, Instructor Number, Number of Certification Dives, Certification Year)
- Training Center Affiliation
- MySSI App Geo Locations
- Medical Information
- Insurance Data (when applicable)
- SSI Professional Number (only for SSI Professionals)
- Quality Assurance Data (for Professionals)

NOTE: The personal data we collect is for the sole purpose of delivering training content, processing, issuing and delivering certifications, and administration of your personal data stored in the MySSI system.

With your registration in the MySSI system, you will be able to access everything SSI – Digital Training Materials, Digital DiveLog, Certification Cards and more at the SSI website [www.divessi.com](http://www.divessi.com) or on the MySSI mobile app. Additionally, SSI International GmbH (SSI), your SSI Training Center, SSI Instructors and SSI Professionals will have access to your personal data for training and certification purposes.

For more information you may go to the SSI Privacy Policy at [https://my.divessi.com/myssi\\_privacy](https://my.divessi.com/myssi_privacy). Here you will learn more about data processing, MySSI, the associated services provided by SSI and how your certification card is automatically processed upon your completion of training.

When you initially register at MySSI you will receive an email from SSI with your Username and Password. Additionally, you will be provided a link to the SSI Privacy Policy describing how your personal data will be used. Activation of your MySSI account is mandatory to access your personal profile, training progress, certifications, education level and much more.

Upon completion of all academic, pool and open water training, SSI will process your digital certification card information – Your Name, Customer Number (Master ID), SSI Training Center, Certifying Instructor, Year You Started Diving, Level of Experience, Number of Dives, and Issue Date. All this information is accessible through our MySSI account.

The described processing is necessary for the performance of a contract (Article 6 (1) (b) General Data Protection Regulation).

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. Additionally, you are consenting to share all personal information voluntarily provided

TRY SCUBA FORMS



First Name

Last Name

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by you and stored in MySSI (e.g. – specific diving insurance policies (when applicable), Medical Statement for Student and Professional) for processing certification through other SSI Service Centers. You may choose to affiliate or do business with any SSI Service Center or SSI Training Center around the world. For a complete list of all Service Centers and Training Centers log on to <https://my.divessi.com/ssi> or <https://my.divessi.com/divecenter>.

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 on the relevant data processing and data sharing accessed in the MySSI system, go to MySSI Privacy Policy [https://my.divessi.com/myssi\\_privacy](https://my.divessi.com/myssi_privacy).

Legal basis for the described processing is consent (Article 6 (1) (a) General Data Protection Regulation).

#### 4. Special rules for youth under the age of 16

Youth under the age of 16 cannot participate in any SSI training without the explicit consent of their parent or legally appointed guardian. Personal data for youth under the age of 16 is only used for conducting training and issuing certifications as described above.

Youth under the age of 16 who visit [www.diveSSI.com](http://www.diveSSI.com) cannot register or use the MySSI system without consent from their parent or legal guardian. SSI strongly recommends that the parent or legal guardian closely monitor their youth's internet activities until they are of legal age.

#### 5. Transferring your personal data to third parties

In the event of a diving incident or a complaint against an SSI Professional, your SSI Training Center may transfer your personal data to SSI (SSI International GmbH, Johann-Hoellfritsch-Straße 6, 90530 Wendelstein, Germany) by email to [info@diveSSI.com](mailto:info@diveSSI.com). As required by law, it may also be necessary to forward this same information to other SSI Service Centers or third parties involved in a case or in the performance of this agreement, e.g. – insurance companies, public authorities or other companies affiliated with SSI. This is only as necessary for fulfilling the training requirement, complying with legal obligations and ensuring our legitimate interests.

Your SSI Training Center will also transfer your personal data to SSI while storing and processing your personal data. If necessary, this includes the Medical Statement for either the student or the SSI Instructor/Professional for the administration and processing of your training and certifications managed by SSI in the MySSI system – [my.diveSSI.com](http://my.diveSSI.com).

The purpose of processing and storing your personal data is necessary for the legitimate interests pursued by SSI (Article 6 (1) (f) General Data Protection Regulation).

We may also transfer your personal data to the following service providers in order to complete your training:

- IT service providers and/or providers of data hosting services;
- Service providers of software solutions who also support SSI in providing services including marketing tools, marketing agencies, communication service providers and call centers;
- Third parties that provide service to you, e.g. - parcel services for the shipment of your credentials, payment service providers and banks for processing payment;
- Other necessary third parties, e.g. - auditors, insurance companies, legal representatives, etc.;
- Officials and other public entities as required by law, e.g. - tax authorities, etc.; and,
- Industry partners within the dive industry for the purpose of personalized advertising of diver training, products and services with the user's consent. This includes, for example, advertising for diving insurance, membership for divers, promotion of local training programs and events conducted by Training Centers, etc.

The processing is necessary for the purposes of the legitimate interests pursued by us (Article 6 (1) (f) General Data Protection Regulation).

SSI will transfer your personal data to external service providers only when third parties are processing the data on our behalf. We will enter into a data processing agreement to ensure that both the security of your data and our information is only used in accordance with our Privacy Policy.

#### 6. Transferring your personal data to third parties outside of the US/EU/EEA

SSI will transfer your personal data to SSI Service Centers or other contractual partners outside the US/EU/EEA for verification of your SSI training and certifications. However, such transfers do not change anything in our obligation to protect your personal data in accordance with this Privacy Policy. We will only transfer personal data to a third party or international organization if the controller has provided the appropriate safeguards.

When information is transferred outside the US/EU/EEA and whether this is to an SSI affiliate or vendor in a country that is not subject to an adequacy decision by the EU Commission, data is adequately protected by the EU Commission approved standard contractual clause; [https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/data-protection/data-transfers-outside-eu/model-contracts-transfer-personal-data-third-countries\\_en](https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/data-protection/data-transfers-outside-eu/model-contracts-transfer-personal-data-third-countries_en). For more information on appropriate Privacy Shield certification go to: <https://www.privacyshield.gov>, or for a vendor's Processor Binding Corporate Rules, see: [https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/data-protection/data-transfers-outside-eu/binding-corporate-rules\\_en](https://ec.europa.eu/info/strategy/justice-and-fundamental-rights/data-protection/data-transfers-outside-eu/binding-corporate-rules_en).

#### 7. Data Security

SSI takes an appreciable amount of technical and organizational security to protect your personal data from unintentional or unauthorized modification, deletion, loss, theft, viewing, forwarding, reproduction, use, alteration or access. SSI and our staff comply with confidentiality and data privacy regulations. Likewise, all authorized agents who have access to your personal data to fulfill their professional duties are also subject to the same obligations of confidentiality and data privacy.



First Name

Last Name

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

### 8. Data Retention

SSI will retain your personal data to the extent permitted in the Privacy Policy. After the end of that relationship, SSI will only retain your records to perform the purposes set out in this agreement. Additionally, SSI and local law may require your SSI Training Center to retain your training records for an extended period of time. While in other cases, SSI may only need to retain your personal data for as long as it takes for administration purposes and to protect itself from any legal claims. For more information about SSI data retention policies, go to; [https://my.divessi.com/myssi\\_privacy](https://my.divessi.com/myssi_privacy).

In the case of a registered user that does not activate the MySSI account and does not get certified within 12 months after registration, the user data and account will automatically be user disabled from the MySSI system.

For more information about the MySSI data retention policies, go to MySSI Privacy Policy at [https://my.divessi.com/myssi\\_privacy](https://my.divessi.com/myssi_privacy).

### 9. Your Rights

Your rights regarding SSI processing and storage of your personal data:

- You have the right to access and receive a copy of your personal data at SSI, Art. 15 General Data Protection Regulation (GDPR).
- If your personal data is incorrect or no longer current, you have the right to modify the information, Art. 16 GDPR.
- You have the right to obtain verification your personal data has been deleted from MySSI, ("right to be forgotten"), Art. 17 GDPR.
- You have the right to receive a copy of your personal data in a commonly used and legible format. You also have the right to know that we may transmit your data to another controller Art. 20 GDPR.
- You have the right to obtain a copy of any restriction of processing where the prerequisites have been met, Art. 18 GDPR.
- You have the right to not be the subject of a decision based solely on an automated process, including profiling, which may result in legal consequences or any similar affect concerning you, Art. 22 GDPR.

### 10. Your right to object

Where your personal data is concerned for the use of direct marketing, you have the right to object to that use.

Additionally, if we process your data even for legitimate reasons, you also have the right to object at any time if grounds develop out of your specific situation.

So that SSI may process your inquiry regarding the rights listed above and ensure your personal data is not given to any unauthorized third parties, please email SSI a short description and clear direction regarding your request to object and or modify your personal data stored at SSI.

You also have the right to file a complaint with the data protection authority. In particular, the data protection authority in the country or state of your residence or place of work, if you believe that processing your personal data violated applicable data protection laws, Art. 77 GDPR.

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Participant's Name (Print)

Participant's Signature

Date (DD/MM/YY)

Print Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)

Participants Name: \_\_\_\_\_

(Print)



## 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*.

TRY SCUBA FORMS

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 <b>A</b>	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box <b>B</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 <b>C</b>	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 <b>D</b>	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 <b>E</b>	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box <b>F</b>	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box <b>G</b>	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)

\_\_\_\_\_  
High Plains Scuba Center Staff

\_\_\_\_\_  
High Plains Scuba Center

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.

# Diver Medical | Participant Questionnaire Continued

TRY SCUBA FORMS

<b>BOX A – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX B – I AM OVER 45 YEARS OF AGE AND:</b>		
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"/>
<b>BOX C – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX D – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX E – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX F – I HAVE/HAVE HAD:</b>		
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"/>
<b>BOX G – I HAVE HAD:</b>		
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"/>

\*Physician's medical evaluation required (see page 1).

**Participants Name:**

(Print)

## Diver Medical | Medical Examiner's Evaluation Form

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](http://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 - M.D. or D.O. Only

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**

**High Plains Scuba Center**

**115 West Harvard St., Ft. Collins, CO. 80525**

**Main: (970) 493-8562 Fax: (970) 493-8588**

**email: [hpscuba@hpscuba.com](mailto:hpscuba@hpscuba.com)**



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

## 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.

TRY SCUBA FORMS

Participant’s Name (Print)

Participant’s Signature

Date (DD/MM/YY)

Print Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)