



First Name

Last Name

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

Your SSI Training Center will record your training progress. Upon successful completion of your SSI program, you will be issued an SSI certification that is internationally recognized and available anywhere with internet access.

Your SSI Training Forms will be maintained at your registered SSI Training Center. If you change your SSI Training Center, then you will need to complete a new set of Training Forms.

Student Registration Information

First Name

Last Name

Date of Birth (DD/MM/YY)

Mailing Address

Email Address

Phone

Emergency Contact

Name

Relationship

Cell Phone

Email Address

Training Forms to be Completed

Student Registration

Student profile in MySSI created: Yes No

Student Master ID (MID): _____

Digital Kit(s) Issued: Yes No

Privacy Policy

Permanently valid. Needs to be completed once with each Training Center or if a formal request to have their personal information deleted from all SSI databases is submitted.

Diver Medical Statement & Questionnaire

Valid for 1 year. The addition of the Physician's Approval Form is required if a "YES" is answered to any condition on the Diver Medical Questionnaire. If a student becomes ill or injured or has a significant medical condition change within 12 months that would conflict with their current Medical Statement & Questionnaire, they must complete a new form before continuing with any SSI training.

Assumption of Risk/Liability Release (not to be used within the European Union)

Valid for 1 year. The addition of the Youth Addendum Form is also required for all students under the age of 18 years old and it must be signed by a parent/guardian. (There are individual Assumption of Risk/Liability Releases for Scuba, Freediving, and XR Extended Range.)

Responsible Diver Code

Permanently valid. Needs to be completed once with each Training Center but then reaffirmed by the student for each course/training program using the Course Completion Form. (There are individual Responsible Diver Codes for Scuba, Freediving, and XR Extended Range.)

Course Completion Form

Needs to be completed for each course/training program and signed by the student and instructor(s).

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 Certification 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





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, blood, or have been diagnosed with COVID-19.	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 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)

Birthday (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.

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	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"/>
A diagnosis of COVID-19.	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.	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, 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"/>

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

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

Diver Medical | Physician'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 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.

Physician's Signature

Date (dd/mm/yyyy)

Physician's Name

Specialty

(Print)

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



First Name

Last Name

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

SSI Freediving/Breath-Hold - 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 Training Center and the Professionals are responsible to know and adhere to laws/local regulations) This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing. Warning – Freediving/Breath-Hold Diving (Freediving) involves swimming underwater while holding your breath, which is inherently dangerous and may cause serious injury, illness or death.

In consideration of being allowed to participate in Freediving training, I, _____ (print name of student) expressly agree to be bound by this Agreement and comply with the SSI Freediving Responsible Diver Code. I understand this Agreement is between me, my family, estate, heirs or anyone who may have a claim on my behalf; and _____ (print name of training center), including all instructors, facilities, boats, and training sites I receive training with or at; Scuba Schools International (“SSI”); their 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 Freediving and all related activities, whether foreseeable or not, including but not limited to risks associated with: swimming, entering and exiting the water, falling on, struck by or abandoned by a boat, separation or lost underwater, holding my breath, becoming unconscious, pre-existing health conditions, heart failure, over-exertion, 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 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 (including my minor children), 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 Freediving training 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 this Agreement. I agree that me or my estate shall be fully liable (pay for) for the cost to the Released Parties for any claim brought on my behalf arising as a consequence of my participation in Freediving and all related activities.

I have carefully read, understand and agree to comply with the SSI Freediving Responsible Diver Code during all diving activities. I understand and agree that I am responsible for my own safety and well-being during all dive training and related activities. I am responsible for being physically, medically and mentally fit to participate in Freediving. I affirm that all personal information I have provided on medical questionnaires 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. I am responsible for my own equipment configuration, assembly, and pre-dive inspection to verify it is appropriate and functioning properly. I am responsible for planning and performing all my dive activities, including anticipating potential emergencies. I will not hold anyone, including the Released Parties, responsible for failure to protect my well-being, ensure my proper use of equipment, or conduct my dive activities competently. I will not dive in conditions or at times that are not within my abilities and comfort level. If conditions become dangerous or I do not feel well or I become injured, I will immediately notify the dive leader and take action to correct the situation. I understand dive activities are conducted at sites that are remote, in time and distance, from medical care or a recompression chamber. I understand dive training does not guarantee my safety and that accidents happen even when proper procedures are followed. I understand the importance of, and my responsibility to have, personal insurance that specifically covers dive-related emergencies, emergency transportation, and medical treatments.

I understand and agree that 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 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, 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 divers 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 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 associated with my dive activities.

I have read this Agreement and the SSI Freediving 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 duress or further inducement. 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 or invalid, that portion shall be severed, and the remainder shall have full force and effect. I agree to be bound by this Agreement without modification of the preprinted text. The terms of this Agreement shall continue in effect for all dives and related activities for a period of one year from the date I signed this agreement. 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 a Youth Addendum form.

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)



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)