

TRY SCUBA AND TRY SCUBA DIVING RECORD CARD

PERSONAL INFORMATION

Name _____

Street _____ City _____

State _____ Zip _____ Country _____

Date Of Birth _____ Male /Female _____ Phone (H) _____ Phone (W) _____

Email Address _____

Dive Professional Name _____ Dive Professional Number _____

IN CASE OF EMERGENCY, CONTACT:

Name _____

Relationship _____ Phone (H) _____ Phone (W) _____

Street _____ City _____

State _____ Zip _____ Country _____

PRIVACY STATEMENT AND CONSENT FORM

I understand and agree that for the purpose of dive professional training and for verification of my certification, SSI will retain the personal information I have provided to them during my training with includes, but it is not limited to, my name, mailing address, email address, phone number, date of birth, photograph, and dive professional certification number. This personal information will be stored in SSI's database, also referred to as ODIN. SSI will take reasonable steps to ensure that this data is protected, and I will be given a username and password which will allow me to access the SSI database and verify that my personal information contained therein is correct, current, and accurate. I consent to SSI, an SSI authorized affiliate, or an SSI subsidiary, accessing this information for purposes of verifying my scuba diving experience.

Signature Required _____ Date _____

Signature Of Parents Or Guardians Where Applicable _____ Date _____

BEGIN YOUR ADVENTURE!

Become an SSI Open Water Diver.

Diving is the greatest sport imaginable. It's fun for everyone, regardless of your age, level of ability, or the level of adventure you want. It's perfect for families, couples and singles. Talk to your instructor about enrolling in a scuba course so you can get certified to dive anytime you want. Or find an SSI Training Facility near your home at www.divesSI.com.

Please make sure all applicable highlighted areas are filled out completely in pen. Students who answered "YES" to any Medical Question must have a Physician's approval signed off by a Physician (See Page 3).

Students under the age of 18 must have parental or guardian signatures on Privacy Statement, Medical Questionnaire, Minor Waiver Release and Risk Awareness Verification. Students under the age of 15 must also have a parent or guardian view the Risk Awareness Video for minors AND sign.

SSI TRY SCUBA MEDICAL QUESTIONNAIRE

Please Read Carefully Before Signing

The purpose of this medical questionnaire is to find out if you should be examined by a physician before participating in the Try Scuba Diving program. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to any in-water activities.

Diving is an exciting and demanding activity. When performed correctly, applying the correct techniques, it is very safe. However, when established safety procedures are not followed, there are dangers. Diving can even be strenuous under certain conditions. Therefore, you must not be out of condition or extremely overweight.

To safely scuba dive, your respiratory and circulatory systems must be in good health. This simply means that all body air spaces need to be normal. A person with heart trouble, a cold or congestion, epilepsy, asthma, severe medical problems or who is under the influence of alcohol or drugs should not dive. If you are taking medication, consult your physician and dive professional before participating in this program. If you have any additional questions regarding this Medical Questionnaire, review them with your dive professional before signing.

During this program, your dive professional will teach you important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury and you must be instructed in its use under the direct supervision of a qualified dive professional to use it safely.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we request that you consult with a physician prior to participating in scuba diving. Your dive professional will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

Do you have a history of ear or sinus surgery? _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery? _____

Are you currently suffering from a cold, congestion, sinusitis or bronchitis? _____ Do you have active asthma or history of emphysema or tuberculosis? _____

Are you presently experiencing any ear problems? _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities? _____

Do you have a history of respiratory complications? _____ Do you have behavioral health, mental or psychological problems or a nervous system disorder? _____

Severe hay fever? _____ Are you or could you be pregnant? _____

Allergies? _____ Do you have a history of colostomy? _____

Lung disease? _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery? _____

Do you have a history of high blood pressure, angina, or take medication to control blood pressure? _____

Are you over 45 and have a family history of heart attack or stroke? _____

Do you have a history of bleeding or other blood disorders? _____

Do you have a history of diabetes? _____

Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them? _____

Do you have a history of back, arm or leg problems following an injury, fracture or surgery? _____

Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia) _____

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature _____ Date (DD/MM/YY) _____

Signature of Parent or Guardian _____ Date (DD/MM/YY) _____

SSI WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

THIS FORM IS TO BE USED FOR ALL ENTRY-LEVEL TRAINING

NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the legal guardian. Liability Releases are not applicable in every country. Please ask your Dive Center/Resort if this form needs to be signed.

(PARTICIPANT'S NAME) HEREBY acknowledge and agree that SNORKELING/SCUBA DIVING/RECREATIONAL REBREATHER DIVING IS A POTENTIALLY DANGEROUS ACTIVITY and involves the risk of serious injury and/or death and/or property damage. I FURTHER ACKNOWLEDGE that diving with compressed gas involves risks and injuries that can occur which require treatment in a medical facility and/or recompression chamber. I UNDERSTAND that open water diving trips, which are necessary for training and certification or for other diving activities, may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

I UNDERSTAND AND AGREE that snorkeling, scuba diving and related activities involve physical exertion in a marine environment that expose me to risk of injury or death from heart attack, panic, hyperventilation, hypothermia, drowning, fatigue and exhaustion, as well as from wind and weather conditions, tides, currents, waves, equipment failure, interactions with watercraft, swimmers and aquatic life, rocks, docks, pilings, buoys and other potential hazards, any or all of which may not be visible, known or anticipated, and I agree these are all INHERENT RISKS of my chosen activity. I HEREBY ASSUME ALL RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether foreseen or unforeseen and whether caused by the NEGLIGENCE of the Releasees or otherwise. To the fullest extent allowed by law, I HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Scuba Schools International or any of its parent, subsidiary or affiliated companies ("SSI"), as well as

WAIVER RELEASE VERIFICATION

I HAVE READ this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely

Participant's Name _____

Name (Please Print) _____

MINOR WAIVER RELEASE VERIFICATION

As parent or guardian, I am signing this document on behalf of my minor child and on behalf of all of the child's parents and guardians, and we agree to be specifically bound to all the terms and conditions of this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, and fully understand its terms, understand that we have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me.

I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees in the event of a claim or suit by or on behalf of the minor child.

Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities or instructional program with the dive leader prior to commencement of the minor child's snorkeling or scuba activities.

Minor Participant's Name _____

Name (Please Print) _____

Minor's Parent/Guardian's Name _____

Name (Please Print) _____

(Signature Required)

Date (DD/MM/YY)

High Plains Scuba Center

DIVE CENTER/DIVE RESORT/DIVE SCHOOL, the dive center / dive resort / dive school, all of their instructors and dive professionals, and all of their parent, subsidiary or affiliated companies, agents, employees, officers, directors, owners or sponsors (the "Releasees") FROM ALL RESPONSIBILITY OR LEGAL LIABILITY TO ME, my personal representatives, assigns heirs and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIMS OR DEMANDS ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN OR FROM MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID COURSE, ACTIVITIES, OR ANY OTHER RELATED DIVING OPERATIONS, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HEREBY SEPARATELY agree to INDEMNIFY and SAVE and HOLD HARMLESS the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether caused by the NEGLIGENCE of the Releasees or otherwise.

I HEREBY ACKNOWLEDGE THAT INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENCE RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, INCLUDING NEGLIGENCE RESCUE OPERATIONS.

This document constitutes the FINAL AND ENTIRE AGREEMENT regarding the subjects it covers, and it is binding upon the heirs, successors and assigns of the parties even if it de or become incapaacitated. This document supersedes any and all other documents

and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss

or oral statements, and I represent that I am not relying upon any oral or written representations that conflict with what is set forth in this document.

This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is intended to be as broad and inclusive as permitted by applicable laws, but it is not intended to assert any claims or defenses that are prohibited by law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I UNDERSTAND AND AGREE that SSI Dive Centers, Diving Schools, Resorts their affiliated Dive Professionals, associated with the program in which I am participating, are licensed to use various SSI Trademarks and to conduct SSI training, but are not agents, employees or franchisees of Scuba Schools International or any of its parent, subsidiary or affiliated companies ("SSI").

I FURTHER UNDERSTAND AND AGREE that the Dive Center, Diving School, Resort and their affiliated Dive Professionals business activities are independent, and are neither owned nor operated by SSI, and that while SSI establishes the standards for SSI diver training programs, SSI is not responsible for, nor does it have the right to control, the operation of the business activities and the day-to-day conduct of SSI programs and/or supervision of divers by the Dive Center, Diving School, Resort and their affiliated Dive Professionals or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my heirs or estate will have any legal right to sue or to hold SSI liable for the actions, inactions or negligence of the Dive Center, Diving School, Resort and their affiliated Dive Professionals and other affiliated personnel associated with the activity.

with the dive professional the potential dangers incidental to engaging in the course and/or activity of snorkeling/scuba diving/ recreational rebreather diving and related diving operations.

RISK AWARENESS VERIFICATION

TO BE SIGNED BY PARTICIPANT AFTER VIEWING RISK AWARENESS ENTRY LEVEL VIDEO — PARTS 1 AND 2 AND PRIOR TO ANY WATER WORK.

Participant's Name _____

Name (Please Print) _____

(Signature Required)

Date (DD/MM/YY)

Witness _____

Name (Please Print) _____

(Signature Required)

Date (DD/MM/YY)

TO BE SIGNED BY PARTICIPANT AFTER VIEWING RISK AWARENESS FOR MINORS VIDEO PRIOR TO ANY WATER WORK.

Minor Participant's Name _____

Name (Please Print) _____

Minor's Parent/Guardian's Name _____

Name (Please Print) _____

(Signature Required)

Date (DD/MM/YY)

NOTE: This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.

STUDENT

(Please print legibly)

| | | | |
|------------------|----------------------|---------------------|-----------|
| Print Name _____ | | Date of Birth _____ | Age _____ |
| Street _____ | | | |
| City _____ | State _____ | Zip Code _____ | |
| Home Phone _____ | Business Phone _____ | | |
| TELEX _____ | FAX _____ | | |

Name and address of your family or primary care physician:

| | |
|-----------------------|---|
| Physician _____ | Date of last physical examination _____ |
| Clinic/Hospital _____ | Name of examiner _____ |
| Address _____ | Clinic/Hospital _____ |
| Phone _____ | Address _____ |
| | Phone _____ |

Were you ever required to have a physical for diving?

Yes _____
 If so, when? _____

No

PHYSICIAN

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

PHYSICIAN'S IMPRESSION:

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

Remarks _____

(Guidelines available at: http://www.highplainsscuba.com/assets/guidelines_physical_examination.pdf)

I HAVE REVIEWED GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION.

Physician's Signature _____ M.D. _____ Date _____

Physician _____ Address _____

Clinic/Hospital _____ Phone _____