



ODIN Registration

The information below is required to set up your student diver profile with SSI. Registration will allow you to access the online class materials as well as the electronic Dive Log application. You must have a “head & shoulders” photo on your student diver profile before a certification card can be issued. You can add the photo yourself, or you can ask one of the store staff to assist you. PLEASE PRINT LEGIBLY.

Please Type

First Name: _____

Middle Initial: _____ Last Name: _____

Birth Date: _____ Month Day Year

Associated Dive Center -Woodlands Dive Center 25701 I-45 North 77380

Mailing Address

Street: _____

City: _____ State: _____

Zip: _____

Cell Phone: _____

Email: _____

This is the email address that SSI will use to send your logon instructions for your diver profile.)

Diving History (for already certified divers)

Open Water Certification Date (Year): _____ Number of Dives: _____



First Name

Last Name

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

SSI Responsible Diver Code

Scuba diving is an adventure activity that requires the use of specialized life support equipment in an underwater environment where humans could not otherwise exist. As with other adventure activities, scuba diving has elements of risk that cannot be totally eliminated regardless of the amount of training, care, caution or expertise. SSI believes these risks may be reduced through the SSI Diver Diamond - development of proper Knowledge, Skills, Equipment and Experience. Ultimately it is up to each individual diver to assume the inherent risk associated with scuba diving and each diver's responsibility to minimize the risk through exercising good judgment, common sense, respect and personal awareness during all diving activities. SSI has developed a Responsible Diver Code to remind divers of your responsibilities for each dive.

As a Responsible Diver - I pledge to:

1. **DIVE COMPETENTLY** - Always dive within my training, certification, experience, comfort and ability.
2. **MAINTAIN APPROPRIATE DIVER HEALTH** - Including appropriate fitness, physical health and mental awareness to dive.
3. **UTILIZE A DIVE PLAN** - Plan my dive and dive my plan. Listen to and follow dive briefings.
4. **BE A RESPONSIBLE DIVE PARTNER** - Remain with my dive partner from start to finish of my dive. Know our plan to reunite if separated underwater.
5. **INSPECT MY DIVE EQUIPMENT** - Before each dive, I will inspect my equipment and make sure everything is working properly. I will confirm my cylinder valve is completely open. When using blended gas (i.e., Enriched Air Nitrox) – I shall analyze my gas and know its limitations. I will establish proper weighting, know how to release my weights, and verify my buoyancy compensator (BC) and inflator are connected and functioning properly. I will secure my submersible pressure/depth gauge and/or dive computer where it is easily accessible, and know how to use each.
6. **DIVER AWARENESS** - Monitor my cylinder pressure; making sure to surface with reserve gas and never run out of gas. Monitor my depth and time, respect no decompression limits, perform controlled ascents, safety stops, and monitor my dive partner.
7. **MAINTAIN PROFICIENT SCUBA SKILLS** - I understand scuba skills and knowledge are perishable. If it has been more than six months since my last dive, I understand the importance of taking a Scuba Skills Update course. I will maintain proper buoyancy throughout my dive, ascend slowly, and breathe properly to avoid overexpansion injuries.
8. **RESPECT THE ENVIRONMENT** - Be aware of currents, waves, visibility, temperature, weather, boat traffic, slippery, uneven and unstable surfaces, overhead environments, entanglements, and hazardous marine life. I understand boats are unsteady surfaces and will always use one hand to stabilize myself. I understand the importance of taking an orientation dive with a local professional when diving in unfamiliar environments. I will obey all diving and applicable regulations, statutes and codes.
9. **PLAN FOR EMERGENCIES** - In addition to inspecting all of my dive equipment, I will verify my dive partner's equipment is functioning properly, configured appropriately and that I know how to remove our weights in case of an emergency. I will make sure our alternate air sources are properly secured and easily accessible in case of a low air or out of air emergency. I will know scuba hand signals and how to alert others in case of an emergency. I will have an emergency action plan in case my dive partner or I have an emergency.
10. **ACCEPT RESPONSIBILITY** - I am ultimately responsible for my safety during all diving activities. Failure to comply with these responsibilities will increase my risk of serious injury or death. Accidents can happen even when all safety guidelines are followed, therefore I should obtain personal dive accident insurance.

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

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 Recreational Scuba Training 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 – Scuba diving uses life-support equipment and techniques that have inherent risks which may cause serious injury, illness or death.

In consideration of being allowed to participate in scuba training, I, _____
(print name of student) expressly agree to be bound by this Agreement and comply with the SSI Responsible Scuba 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 _____
(print name of training center), including all instructors, facilities, boats, and training sites I receive training with or at; Scuba Schools International ("SSI"); and each of 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 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, struck by or abandoned by a boat, separation or lost underwater, holding my breath, 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 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 scuba 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 as a consequence of my participation in scuba diving and all related activities.

I have carefully read, understand and agree to comply with the SSI Responsible Scuba 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 scuba diving. 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 Responsible Scuba 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 scuba diving training (including entry-level training and continuing education training) 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)

Parent/Guardian (Print)

Parent/Guardian Signature

Date (DD/MM/YY)



Participant Name

Birthdate

(Print)

Date (DD/MM/YY)



Diver Medical | Participant Questionnaire

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

Directions

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

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

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	<input type="checkbox"/> Yes Go to box A	<input type="checkbox"/> No
2	I am over 45 years of age.	<input type="checkbox"/> Yes Go to box B	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	<input type="checkbox"/> Yes Go to box C	<input type="checkbox"/> No
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	<input type="checkbox"/> Yes Go to box D	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes Go to box E	<input type="checkbox"/> No
8	I have had back problems, hernia, ulcers, or diabetes.	<input type="checkbox"/> Yes Go to box F	<input type="checkbox"/> No
9	I have had stomach or intestine problems, including recent diarrhea.	<input type="checkbox"/> Yes Go to box G	<input type="checkbox"/> No
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

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.)
Participant Name (Print)
Instructor Name (Print)

Date (DD/MM/YY)
Date of Birth (DD/MM/YY)
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.**

Version date: 2022-02-01

**Participant Name****Birthdate**

(Print)

Date (DD/MM/YY)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
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.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX B – I AM OVER 45 YEARS OF AGE AND:

I currently smoke or inhale nicotine by other means.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have a high cholesterol level.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
I have high blood pressure.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
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).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX C – I HAVE/HAVE HAD:

Sinus surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Ear disease or ear surgery, hearing loss, or problems with balance.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurrent sinusitis within the past 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Eye surgery within the past 3 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX D – I HAVE/HAVE HAD:

Head injury with loss of consciousness within the past 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Persistent neurologic injury or disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX E – I HAVE/HAVE HAD:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX F – I HAVE/HAVE HAD:

Recurrent back problems in the last 6 months that limit my everyday activity.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Back or spinal surgery within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
An uncorrected hernia that limits my physical abilities.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

BOX G – I HAVE HAD:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Dehydration requiring medical intervention within the last 7 days.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Active or uncontrolled ulcerative colitis or Crohn's disease.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No
Bariatric surgery within the last 12 months.	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

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



Participant Name

Birthdate

(Print)

Date (DD/MM/YY)

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 for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

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

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

Signature of certified medical doctor or other legally certified medical provider

Date (DD/MM/YY)

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