



# STUDENT PROFILE

## STUDENT PROFILE (Confidential)

PLEASE PRINT LEGIBLY

Name \_\_\_\_\_  M  F  
First / Given Initial Last / Family / Surname

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_  Married  Single

Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_  
dd/mm/yyyy

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Attach a  
4.5cm x 6cm (1¾" x 2¼")  
Head – and – Shoulders  
Photo

PRINT NAME ON BACK OF  
PHOTO

NO DARK GLASSES



# General Liability Release and Express Assumption of Risk

1045 NE Industrial Blvd, Jensen Beach, FL 34957  
Phone: 888-778-9073 Fax: 877- 436-7096 Email [worldhq@tdisdi.com](mailto:worldhq@tdisdi.com)  
[www.tdisdi.com](http://www.tdisdi.com)

For \_\_\_\_\_ (specify Course or Specialty) training program under sanction through TDI. Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

I, \_\_\_\_\_, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities.

Further, I understand that diving with compressed air, oxygen enriched air (nitrox), oxygen, or trimix supplied by standard open circuit scuba, semi-closed or fully closed circuit rebreathers involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s) \_\_\_\_\_, the facility through which I received my instruction, \_\_\_\_\_, International Training and Technical Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I further state that I am already a qualified and certified scuba diver from the following training agencies: \_\_\_\_\_ and that I hold training to the level of \_\_\_\_\_. I am aware of the required certification level and/or experience necessary and recommended to enroll in this diving course and I stipulate I meet those requirements for prior certification or equivalent experience. I have been a certified diver since \_\_\_\_\_ and have been diving for \_\_\_\_\_ years for a total of \_\_\_\_\_ dives to a maximum depth of \_\_\_\_\_ ft.

I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

IT IS THE INTENTION OF \_\_\_\_\_ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, \_\_\_\_\_ (AND OTHERS, \_\_\_\_\_), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION \_\_\_\_\_, THE TRAINING AGENCY \_\_\_\_\_ AND INTERNATIONAL TRAINING INC. AND TECHNICAL DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

**This document is required for all courses and Specialties taught under sanction by Technical Diving International. No alterations, changes, omissions or revisions may be made.**

\_\_\_\_\_  
Signature of Student/Participant / Date

\_\_\_\_\_  
Signatures of Parents or Guardians / Date  
(where applicable)

\_\_\_\_\_  
Witness / Date



# Medical Statement Participant Record (Confidential Information)

## Please Read Carefully Before Signing

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by

\_\_\_\_\_ and  
Instructor

\_\_\_\_\_ located in the  
Dive Center

city of \_\_\_\_\_ and state/province of \_\_\_\_\_.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

## Medical History To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. 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 engaging in dive activities.

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 must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?
- \_\_\_\_\_ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- \_\_\_\_\_ Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone

- \_\_\_\_\_ Dysentery or dehydration requiring medical intervention?
- \_\_\_\_\_ Any dive accidents or decompression sickness?
- \_\_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- \_\_\_\_\_ Head injury with loss of consciousness in the past five years?
- \_\_\_\_\_ Recurrent back problems?
- \_\_\_\_\_ Back or spinal surgery?
- \_\_\_\_\_ Diabetes?
- \_\_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?
- \_\_\_\_\_ High blood pressure or take medicine to control blood pressure?
- \_\_\_\_\_ Heart disease?
- \_\_\_\_\_ Heart attack?
- \_\_\_\_\_ Angina, heart surgery or blood vessel surgery?
- \_\_\_\_\_ Sinus surgery?
- \_\_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?
- \_\_\_\_\_ Recurrent ear problems?
- \_\_\_\_\_ Bleeding or other blood disorders?
- \_\_\_\_\_ Hernia?
- \_\_\_\_\_ Ulcers or ulcer surgery ?
- \_\_\_\_\_ A colostomy or ileostomy?
- \_\_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

### Have you ever had or do you currently have...

- \_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
- \_\_\_\_\_ Frequent or severe attacks of hayfever or allergy?
- \_\_\_\_\_ Frequent colds, sinusitis or bronchitis?
- \_\_\_\_\_ Any form of lung disease?
- \_\_\_\_\_ Pneumothorax (collapsed lung)?
- \_\_\_\_\_ Other chest disease or chest surgery?
- \_\_\_\_\_ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- \_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?
- \_\_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?
- \_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?
- \_\_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

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 Signature of Parent or Guardian Date

# STUDENT

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**Please print legibly.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

**Name and address of your family physician**

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving?  Yes  No If so, when? \_\_\_\_\_

# PHYSICIAN

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This person applying 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. There are guidelines attached for your information and reference.

**Physician's Impression**

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date \_\_\_\_\_  
Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_