



First Name

Last Name

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

SSI Snorkel Diver, Try Freediving, and Try Mermaid Fit To Dive Screening and Responsible Diver Code

Breath-Hold Diving including Snorkeling, Freediving and Mermaiding are adventurous and exciting activities, but can also be strenuous and potentially dangerous. As with any aquatic adventure, especially those relying on specialized equipment, there are inherent dangers which cannot be eliminated that may cause serious illness, injury or death. You must be in good health to breath-hold dive. If you have any questions about your medical, mental or physical fitness to dive, you should consult a physician to assess your individual risk factors.

This form is to help you determine if you should be evaluated by a physician. If you have any doubt about your fitness to dive, then you must obtain approval from a physician prior to diving. Failure to obtain a physician's approval to dive may significantly increase your risk of illness, injury or death. You are solely responsible for honestly evaluating your fitness to dive and you are ultimately responsible for your safety and wellbeing when engaged in dive activities (including boat travel, putting on/taking off dive equipment, getting in and out of the water, etcetera).

Additionally, if you are under the influence of alcohol or recreational drugs, unable to swim, prone to panic attacks, unable to exercise good judgment or you are unable to be responsible for your own wellbeing, then you have a significant increase to risks of illness, injury and death while in the water and you should unconditionally refrain from swimming or diving. Failure to complete this form truthfully may result in serious illness, injury or death.

Answer each of the following questions about your past and present medical conditions by filling in the corresponding [NO] or [YES] box. If you are not sure, then answer [YES].

Do you currently have or have you been treated within the last 12 months for any of the following:

1. A heart, circulatory, blood, blood pressure, or bleeding abnormality that affects your ability to swim? [No] [Yes]
2. A breathing or lung disorder (such as asthma or shortness of breath)? [No] [Yes]
3. Musculoskeletal, stamina, strength, or mobility disorders that affects your ability to swim? [No] [Yes]

If you answered [YES] to any of these questions, then you must additionally complete the Diver Medical Participation Questionnaire. The Diver Medical Participation Questionnaire is a more thorough medical screening form used to determine if you need to be evaluated by a physician prior to any in-water diving activities.

SSI Snorkel Diver, Try Freediving, and Try Mermaid Responsible Diver Code

I agree to be responsible and to comply with the following SSI Snorkel Diver, Try Freediving, and Try Mermaid Responsible Diver Code during all diving activities:

1. I am responsible for my own safety and well-being during all Snorkel, Freedive, and Mermaid sessions, including but not limited to; equalizing my air spaces, not overstaying my breath-hold ability, maintaining proper buoyancy, and never swim into or under something that would prevent me from ascending directly to the surface.
2. I am responsible for being physically, medically, and mentally fit to participate all Snorkel, Freedive, and Mermaid sessions; 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 immediately notifying my dive leader if I am not comfortable or I have a problem.
4. I will follow all safety instructions provided by my dive leader and will remain with my dive leader throughout the session; however, if I become separated and cannot locate my dive leader, I will exit the water.
5. I understand Snorkel, Freedive, and Mermaid training does not guarantee my safety and that incidents happen even when proper procedures are followed.
6. In the event that I do not feel comfortable, capable, or willing to fulfill these Responsibilities then I will not dive.

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

I explicitly agree to accept full responsibility for failing to disclose any past or current health condition that affects my safety while diving.

Participant's Signature

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)

Date (DD/MM/YY)

