



Name: _____ Birth Date: _____
Last / Family / Surname First / Given Initial Month / Day / Year

Address: _____
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____

| |
|---|
| <input type="checkbox"/> M <input type="checkbox"/> Single <input type="checkbox"/> Married |
|---|

Home Phone: _____ Daytime Phone: _____
 Email: _____
 Occupation: _____ Referred by: _____

Emergency Contact:



Name: _____ Address: _____
 Relationship: _____ Home Phone: _____
 Work/Cell Phone: _____



How did you hear about our technical courses?

- Friend/Family member
- Internet
- Radio
- Newspaper
- Yellow Pages
- Other _____



Course Checklist:

- Course Fee Paid
- Medical Waiver
- Open Water Dives
- Diver Training Record
- Liability Releases
- Written Examination
- Classroom Training
- Diver Registration

Pre-Requisites:

Below please include your highest advanced or technical certification achieved prior to enrolling in this course.



Diver Training Record

Course: _____
 Certification Number: _____
 Certificate Date: _____ / _____ / _____
Month / Day / Year

Instructor Name _____ TDI / SDI Inst # _____
 Course: _____
 Certification Number: _____
 Certificate Date: _____ / _____ / _____
Month / Day / Year

Instructor Name _____ TDI / SDI Inst # _____
 Course: _____
 Certification Number: _____
 Certificate Date: _____ / _____ / _____
Month / Day / Year

Instructor Name _____ TDI / SDI Inst # _____
 Course: _____
 Certification Number: _____
 Certificate Date: _____ / _____ / _____
Month / Day / Year

Instructor Name _____ TDI / SDI Inst # _____
 Course: _____
 Certification Number: _____
 Certificate Date: _____ / _____ / _____
Month / Day / Year

Instructor Name

TDI / SDI Inst #

Technical Diver Training Record

| Skills Completed | |
|------------------|--|
| | |
| | |
| | |
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| | |
| | |
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| | |
| | |

| Open Water Training | Dive 1 | Dive 2 | Dive 3 | Dive 4 |
|---------------------|--------|--------|--------|--------|
| Date (mm/dd/yy) | | | | |
| Student Initials | | | | |
| Instructor Initials | | | | |
| Depth | | | | |
| Bottom Time | | | | |
| Ascent Time | | | | |

| Open Water Training | Dive 5 | Dive 6 | Dive 7 | Dive 8 | Dive 9 | Dive 10 | Dive 11 | Dive 12 | Dive 13 | Dive 14 | Dive 15 |
|---------------------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|
| Date (mm/dd/yy) | | | | | | | | | | | |
| Student Initials | | | | | | | | | | | |
| Instructor Initials | | | | | | | | | | | |
| Depth | | | | | | | | | | | |
| Bottom Time | | | | | | | | | | | |
| Ascent Time | | | | | | | | | | | |

| Final Written Examination | |
|---------------------------|--|
| Date (mm/dd/yy) | |
| Student Initials | |
| Instructor Initials | |
| Score | |

Student Letter of Agreement:
 The student agrees that all of the academic and open water requirements for TDI's _____ course have been successfully fulfilled by himself/herself. As indicated by the signature below, the student is mentally and physically prepared to engage in open water diving activities without the direct supervision of an instructor, provided the area and conditions approximate those in which the diver was trained. In addition, the student recognizes the need for additional training in order to dive under any other circumstances and after periods of diving inactivity.

 Student Signature

 Date Month / Day / Year

Course Evaluation:
 TDI instructors strive to provide the best education and training materials in the business. We value your comments and suggestions. This information may be shared with the training department.



TECHNICAL DIVING INTERNATIONAL 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

(Participant)

Instructor and

Facility

located in the city of _____ and State/Province of _____

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

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must 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 heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program. You will also need to 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 History 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.

- | | |
|--|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant? | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? |
| <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? |
| <input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following? | <input type="checkbox"/> Any dive accidents or decompression sickness? |
| • currently smoke a pipe, cigars or cigarettes | <input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? |
| • have a high cholesterol level | <input type="checkbox"/> Head injury with loss of consciousness in the past five years? |
| • have a family history of heart attack or stroke | <input type="checkbox"/> Recurrent back problems? |
| • are currently receiving medical care | <input type="checkbox"/> Back or spinal surgery? |
| • high blood pressure | <input type="checkbox"/> Diabetes? |
| • diabetes mellitus, even if controlled by diet alone | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? |
| Have you ever had or do you currently have... | <input type="checkbox"/> High blood pressure or take medicine to control blood pressure? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> Heart disease? |
| <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy? | <input type="checkbox"/> Heart attack? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> Angina, heart surgery or blood vessel surgery? |
| <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> Sinus surgery? |
| <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| <input type="checkbox"/> Other chest disease or chest surgery? | <input type="checkbox"/> Recurrent ear problems? |
| <input type="checkbox"/> Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? | <input type="checkbox"/> Bleeding or other blood disorders? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> Hernia? |
| <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them? | <input type="checkbox"/> Ulcers or ulcer surgery ? |
| <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> A colostomy or ileostomy? |
| | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |

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 (Day / Month / Year)

Signatures of parents or guardians where applicable

Date (Day / Month / Year)

Name
(Print) Last / Family / Surname
First / Given
Initial

Daytime Phone

Cell Phone

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

The _____ is the course you will be participating in.

(Only **ONE** course can be listed on this form)

Please read carefully. If any questions arise, ask your instructor before signing. Fill in and initial each paragraph before signing at the bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of technical 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 anyway 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, 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.

Signature of Student/Participant Date Month / Day / Year

Signature of Parent or Guardian
(where applicable)

Witness Date Month / Day / Year



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