



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

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.)	Date (dd/mm/yyyy)
_____	_____
Participant Name (Print)	Birthdate (dd/mm/yyyy)
_____	_____
Instructor Name (Print)	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.

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.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
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).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

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/yyyy)

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



First Name

Last Name

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

Training Center Privacy Policy

This Privacy Policy explains why SSI Training Centers obtain your personal data for the purposes of conducting your training, issuing certifications, administration of your private information and any other necessary specifics regarding the performance of this agreement.

We (SSI) review this Privacy Policy periodically for compliance with changes to the GDPR (General Data Protection Regulation) and other relevant regulations. When necessary, we will update the Policy to comply with new requirements.

SSI and SSI Training Centers jointly determine the purpose, scope and delivery of training content, processing, issuing and delivering certifications and administration of your personal data stored in the MySSI system at SSI International GmbH, Johann-Hoellfritsch-Straße 6, 90530 Wendelstein, Germany, Email: info@diveSSI.com, Tel:+49-9129-9099380.

If you have questions or you would like a copy of the Joint Controller Agreement that describes the above arrangement and the safeguards for protecting your personal data, go to the following link: https://my.divessi.com/ssi_dc_joint_controller_agreement, or contact SSI at privacy@diveSSI.com. This privacy statement applies only to the SSI Training Center. Sections 1 to 8 and 10 to 11 of this privacy statement including its Appendix ("General Provisions") explain in general how we collect and use your personal data when you use our services or the services from an SSI Training Center. The addendum contained in Section 9 ("Californian Provisions") contains additional provisions in compliance with the California Consumer Privacy Act ("CCPA") that only apply to Californian residents. The Californian Provisions supplement the General Provisions but in the event of any conflict between the General Provisions and the Californian Provisions, the Californian Provisions shall prevail but only with regard to Californian residents. A separate data protection statement applies for the use of the MySSI section at my.divessi.com.

1. SSI Authorized Training Center "Data Controller"

SSI Training Center Name _____

Street, PO Box _____

ZIP Code, City _____

State, Country _____

2. Personal Data

"Personal data" is any information relating to an individual person ("data subject"). An identifiable natural person is one who can be identified, directly or indirectly, by reference to information such as a name, identification number, location data, or online identification. Name(s), address(es), telephone number(s), e-mail address(es), user ID(s), credit card number(s), social media account ID(s), login username(s), IP address(es) and GPS data are considered personal data.

3. Processing Your Personal Data

SSI International GmbH, SSI Training Centers, your SSI Instructor and other SSI Professionals may all be involved in your training, processing, and delivery of your certification, therefore we need to collect and process the following personal data:

- First and Last Name
- Address, Post Box
- Postcode, City
- State and Country
- Email Address
- Telephone Numbers (optional)
- Date of Birth
- Gender
- Photo
- Language
- SSI Master ID
- Course Type, Course Progress
- Certification Data (Number, Date, Instructor, Instructor Number, Number of Certification Dives, Certification Year)
- Training Center Affiliation
- MySSI App Geo Locations
- Medical Information
- Insurance Data (when applicable)
- SSI Professional Number (only for SSI Professionals)
- QMS Data (for Professionals)

Note: The personal data we collect is for the sole purpose of delivering training content, processing, issuing and delivering certifications, and administration of your personal data stored in the MySSI system.

With your registration in the MySSI system, you will be able to access everything SSI – Digital Training Materials, MySSI Logbook, Certification Cards and more at the SSI website www.divessi.com or on the MySSI mobile app. Additionally, SSI International GmbH (SSI), your SSI Training Center, SSI Instructors and SSI Professionals will have access to your personal data for training and certification purposes.

For more information you may go to the SSI Privacy Policy at https://my.divessi.com/myssi_privacy. Here you will learn more about data processing, MySSI, the associated services provided by SSI and how your certification card is automatically processed upon your completion of training.



First Name

Last Name

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

When you initially register at MySSI you will receive an email from SSI with your Username and Password. Additionally, you will be provided a link to the SSI Privacy Policy describing how your personal data will be used. Activation of your MySSI account is mandatory to access your personal profile, training progress, certifications, education level and much more.

Upon completion of all academic, pool and open water training, SSI will process your digital certification card information – Your Name, Photo, Customer Number (Master ID), SSI Training Center, Certifying Instructor, Year You Started Diving, Level of Experience, Number of Dives, and Issue Date. All this information is accessible through our MySSI account.

The described processing is necessary for the performance of a contract (Article 6 (1) (b) General Data Protection Regulation).

By registering in MySSI, you are consenting to share your personal data: Name (First and Last), Address (Postbox), Postcode (Zip), City, State, Country, Email Address, Telephone Numbers (optional), Date of Birth, Photo, Language, Gender, SSI Master ID, Course Type, Course Progress and Certification Information (Name, SSI Training Center, Certifying Instructor, Year You Started Diving, Level of Experience, Number of Dives and Issue Date), plus your Training Center Affiliation. Additionally, all personal information voluntarily provided by you and stored in MySSI, e.g. – Specific diving insurance policies (when applicable) or Medical Participant Questionnaires for processing student and professional certifications through other SSI Service Centers. You may choose to affiliate or do business with any SSI Service Center or SSI Training Center around the world. For a complete list of all Service Centers and Training Centers log on to <https://my.divessi.com/ssi> or <https://my.divessi.com/divecenter>.

By giving your consent, SSI Training Centers may subsequently access your personal data described above in order to identify you, verify or confirm the status of your training and certifications and to offer you continued training and services based on your diving experience. For more information on the relevant data processing and data sharing accessed in the MySSI system, go to MySSI Privacy Policy https://my.divessi.com/myssi_privacy.

Legal basis for the described processing is consent (Article 6 (1) (a) General Data Protection Regulation).

4. Special rules for youth under the age of 16

Youth under the age of 16 cannot participate in any SSI training without the explicit consent of their parent or legally appointed guardian. Personal data for youth under the age of 16 is only used for conducting training and issuing certifications as described above.

Youth under the age of 16 who visit www.diveSSI.com cannot register or use the MySSI system without consent from their parent or legal guardian. SSI strongly recommends that the parent or legal guardian closely monitor their youth's internet activities until they are of legal age.

5. Transferring your personal data to third parties

In the event of a diving incident or a complaint against an SSI Professional, your SSI Training Center may transfer your personal data to SSI (SSI International GmbH, Johann-Hoellfritsch-Straße 6, 90530 Wendelstein, Germany) by email to info@diveSSI.com. As required by law, it may also be necessary to forward this same information to other SSI Service Centers or third parties involved in a case or in the performance of this agreement, e.g. – insurance companies, public authorities or other companies affiliated with SSI. This is only as necessary for fulfilling the training requirement, complying with legal obligations and ensuring our legitimate interests.

Your SSI Training Center will also transfer your personal data to SSI while storing and processing your personal data. If necessary, this includes the student or professional candidate Medical Participant Questionnaire for the administration and processing of your training and certifications managed by SSI in the MySSI System – my.diveSSI.com.

The purpose of processing and storing your personal data is necessary for the legitimate interests pursued by SSI (Article 6 (1) (f) General Data Protection Regulation).

We may also transfer your personal data to the following service providers in order to complete your training:

- IT service providers and/or providers of data hosting services;
- Service providers of software solutions who also support SSI in providing services including marketing tools, marketing agencies, communication service providers and call centers;
- Third parties that provide service to you, e.g. - parcel services for the shipment of your credentials, payment service providers and banks for processing payment;
- Other necessary third parties, e.g. - auditors, insurance companies, legal representatives, etc.;
- Officials and other public entities as required by law, e.g. - tax authorities, etc.; and,
- Industry partners within the dive industry for the purpose of personalized advertising of diver training, products and services with the user's consent. This includes, for example, advertising for diving insurance, membership for divers, promotion of local training programs and events conducted by Training Centers, etc.

The processing is necessary for the purposes of the legitimate interests pursued by us (Article 6 (1) (f) General Data Protection Regulation).

SSI will transfer your personal data to external service providers only when third parties are processing the data on our behalf. We will enter into a data processing agreement to ensure that both the security of your data and our information is only used in accordance with our Privacy Policy.



First Name

Last Name

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

6. Transferring your personal data to third parties outside of the US/EU/EEA

We transmit your personal information to companies and contractual partners outside of the EU/EEA for the verification of your SSI education and certification, provision of our services, operation of the website, processing of your order, the maintenance of our IT systems and software, etc. However, such a transfer does not alter our obligation to protect your personal data under this data protection statement.

If your personal information is transmitted outside of the EU/EEA, we will provide adequate security by transferring to countries that have an appropriate level of protection, as confirmed by the EU Commission, or by concluding an appropriately formulated contract between us and the legal person outside of the EU/EEA who receives the data. In other cases, the data transfer might be based on art. 49 para. 1 GDPR. You may receive a copy of the suitable guarantees by sending an e-mail to privacy@divessi.com.

7. Data Security

SSI takes an appreciable amount of technical and organizational security to protect your personal data from unintentional or unauthorized modification, deletion, loss, theft, viewing, forwarding, reproduction, use, alteration or access. SSI and our staff comply with confidentiality and data privacy regulations. Likewise, all authorized agents who have access to your personal data to fulfill their professional duties are also subject to the same obligations of confidentiality and data privacy.

8. Data Retention

SSI will retain your personal data to the extent permitted in the Privacy Policy. After the end of that relationship, SSI will only retain your records to perform the purposes set out in this agreement. Additionally, SSI and local law may require your SSI Training Center to retain your training records for an extended period of time. While in other cases, SSI may only need to retain your personal data for as long as it takes for administration purposes and to protect itself from any legal claims. For more information about SSI data retention policies, go to; https://my.divessi.com/myssi_privacy.

In the case of a registered user that does not activate the MySSI account and does not get certified within 12 months after registration, the user data and account will automatically be user disabled from the MySSI system. For more information about the MySSI data retention policies, go to MySSI Privacy Policy at https://my.divessi.com/myssi_privacy.

9. Californian Provisions

9.1. Categories of personal information we collect, where we collect it from, why we collect it, and who we share it with.

We collect information that identifies, relates to, describes, references, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular California consumer or household ("personal information").

We use the personal information we collect for our operational purposes or other purposes set out in this privacy notice. Those purposes may include

- Auditing related to a current interaction with the consumer and concurrent transactions, including, but not limited to, counting ad impressions to unique visitors, verifying positioning and quality of ad impressions, and auditing compliance with this specification and other standards.
- Debugging to identify and repair errors that impair existing intended functionality.
- Undertaking internal research for technological development and demonstration.
- Detecting security incidents, protecting against malicious, deceptive, fraudulent, or illegal activity, and prosecuting those responsible for that activity.
- Short-term, transient use, provided the personal information that is not disclosed to another third party and is not used to build a profile about a consumer or otherwise alter an individual consumer's experience outside the current interaction, including, but not limited to, the contextual customization of ads shown as part of the same interaction.
- Undertaking activities to verify, improve, upgrade, enhance, or maintain the quality or safety of our products or services.

To help you understand our privacy practices, the following table shows, for the past twelve (12) months: which categories of personal information we have collected, the categories of sources from which we collected personal information, our business or commercial purposes for collecting the information, and the categories of third parties with whom we have shared personal information:



First Name

Last Name

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

Category of Personal Information	Sources	Purposes	Third parties shared with
<ul style="list-style-type: none"> Identifiers such as name, email, address, PTR number, and PPR number 	<ul style="list-style-type: none"> Consumer Third-party operators of tournaments or other events. Third-party organizations for amateur and professional athletes. 	<ul style="list-style-type: none"> To provide product offerings or services at events we sponsor. To accept and fulfil product purchases. To provide you with newsletters or other mailings. To perform our contractual obligations to you. To perform market research and product development. To market our products and services to you. 	<ul style="list-style-type: none"> Service providers Affiliates Third parties we rely on for business, financial, or legal matters, such as financial institutions, collection agencies, insurance companies, creditor protection associations, and legal counsel Third parties that help us market or advertise our products and services
<ul style="list-style-type: none"> Categories of personal information described in Cal. Civ. Code § 1798.80(e) such as name, email, address, credit card number or other payment information, and telephone number 	<ul style="list-style-type: none"> Consumer Third-party operators of tournaments or other events. Third-party organizations for amateur and professional athletes. 	<ul style="list-style-type: none"> To provide product offerings or services at events we sponsor. To accept and fulfil product purchases. To provide you with newsletters or other mailings. To perform our contractual obligations to you. To perform market research and product development. To market our products and services to you. 	<ul style="list-style-type: none"> Service providers Affiliates Third parties we rely on for business, financial, or legal matters, such as financial institutions, collection agencies, insurance companies, creditor protection associations, and legal counsel
<ul style="list-style-type: none"> Characteristics of protected classifications under California or federal law such as age and gender. 	<ul style="list-style-type: none"> Consumer 	<ul style="list-style-type: none"> To provide product offerings or services at events we sponsor. To provide you with newsletters or other mailings. To perform market research and product development. To market our products and services to you. 	<ul style="list-style-type: none"> Service providers Affiliates Third parties we rely on for business, financial, or legal matters, such as financial institutions, collection agencies, insurance companies, creditor protection associations, and legal counsel
<ul style="list-style-type: none"> Commercial information such as, e.g., records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies 			
<ul style="list-style-type: none"> Internet or other electronic network activity information such as e.g., browsing history, search history, and information regarding a consumer's interaction with an Internet Web site, application, or advertisement 			



First Name

Last Name

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

9.2. Disclosure of personal information

In the past twelve (12) months, we have disclosed the following categories of personal information of California consumers for a business purpose:

- Identifiers
- Categories of personal information described in Cal. Civ. Code § 1798.80(e)
- Characteristics of protected classifications under California or federal law

9.3. Do Not Track

Some browsers have “do not track” features that allow you to tell a website not to track you. These features are not all uniform. We do not currently respond to those signals. Instead, we collect, use, and share information as described in this privacy notice regardless of a “do not track” choice.

9.4. Your rights under California law

You have the right to ask us to send you the following information:

- The personal information we have collected, used, or disclosed about you.
- The categories of sources from which we collected the personal information.
- The categories of third parties with whom we share personal information.
- The categories of personal information we have collected about you.
- Our business or commercial purpose for collecting personal information.
- The specific pieces of person information we have collected about you.

You have the right to ask us to delete the personal information about you that we have collected or that we maintain.

We do not, and will not, sell your personal information. Therefore we don't provide a mechanism to opt-out of sales of personal information.

9.5. Non-discrimination

Your privacy rights are important. If you exercise your privacy rights under California law, we will not do any of the following in response:

- Deny you goods or services.
- Provide you a different level or quality of goods or services.
- Suggest that you may receive a different price or rate for goods or services or a different level or quality of goods or services.
- Charge you different prices or rates for goods or services, including through the use of discounts or other benefits, or imposing penalties.

9.6. How California residents can submit requests

If you are a California resident and you want to submit a request to us regarding your California rights, you can contact us here privacy@divessi.com. If you have a pre-existing account with us, you must submit your request through that account, but you do not have to create an account with us to submit a request.

If you submit a request to delete personal information, you must separately confirm the request. After receiving your request, we will send you a separate communication with instructions on how to confirm your request to delete.

We can only respond to your request if it is verifiable. This means we are obligated to take reasonable steps to verify your identity.

If you have a password-protected account with us, we will verify your identity using our existing authentication practices for that account, but you must re-authenticate yourself before we can disclose or delete the information related to your request.

If you do not have an account with us, we verify your identity by matching the following information you provide as part of your request with information about you we already have: name, address, phone number.

If necessary to verify your identity, we may ask you to provide additional information that will help us do so. We may also require a signed declaration under penalty of perjury, depending on the nature of the request. We will only use that additional information in the verification process, and not for any other purpose. If we cannot verify your request, we will not disclose any personal information.

We do not charge a fee to process or respond to your verifiable consumer request unless it is excessive, repetitive, or manifestly unfounded.

9.7. Authorized agents

If you wish to submit a request to know or delete through an authorized agent, we require the following before we can process the request:

- A notarized copy of your written permission authorizing the agent to make the request, and
- That you verify your identity directly with us, as described above.

Consumers may submit the information listed above to privacy@divessi.com. Authorized agents may also submit the notarized copy of written permission to privacy@divessi.com.

If your authorized agent has a valid power of attorney under California Probate Code sections 4000 to 4465, we may request proof of the power of attorney instead of the foregoing.

We may deny a request from an agent that does not submit proof you authorized them to act on our behalf.



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.

9.8. Changes to this privacy notice

From time to time, we may update this privacy notice. When we do, we will post it on our Website and include the effective date of the update. If there are material changes to this privacy notice, we will post a prominent notice on our Website and provide other notice as required by law.

10. Your Rights

Your rights regarding SSI processing and storage of your personal data:

- You have the right to access and receive a copy of your personal data at SSI, Art. 15 General Data Protection Regulation (GDPR).
- If your personal data is incorrect or no longer current, you have the right to modify the information, Art. 16 GDPR.
- You have the right to obtain verification your personal data has been deleted from MySSI, ("right to be forgotten"), Art. 17 GDPR.
- You have the right to receive a copy of your personal data in a commonly used and legible format.
- You also have the right to know that we may transmit your data to another controller Art. 20 GDPR.
- You have the right to obtain a copy of any restriction of processing where the prerequisites have been met, Art. 18 GDPR.
- You have the right to not be the subject of a decision based solely on an automated process, including profiling, which may result in legal consequences or any similar affect concerning you, Art. 22 GDPR.

11. Your right to object

Where your personal data is concerned for the use of direct marketing, you have the right to object to that use.

Additionally, if we process your data even for legitimate reasons, you also have the right to object at any time if grounds develop out of your specific situation.

So that SSI may process your inquiry regarding the rights listed above and ensure your personal data is not given to any unauthorized third parties, please email SSI a short description and clear direction regarding your request to object and or modify your personal data stored at SSI. You also have the right to file a complaint with the data protection authority.

In particular, the data protection authority in the country or state of your residence or place of work, if you believe that processing your personal data violated applicable data protection laws, Art. 77 GDPR.

The German version of this data protection declaration is legally binding - subject to change.

Last update: 2021-07-01

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)

Parent/Guardian (Print)

Participant's Signature

Parent/Guardian Signature

Date (DD/MM/YY)

Date (DD/MM/YY)