



Cours demandé : _____
Date du cours : _____
Préparé par : _____

Prénom et Nom : _____
Date de naissance : _____
Adresse : _____
Code postal et Ville : _____
Tél maison : _____ Tél Cell : _____
Email : _____

Taille Chandail (pour Veste de plongée en location) : S M ML L XL XXL

- **Ne s'applique pas pour le cours Open Water Diver :**

Nombre de plongées : _____

Date et lieux de la dernière plongée : _____

Avez-vous déjà plongé au Québec/Ontario : OUI NON

Pour chacun des cours vous vous engagez à : (veuillez initialiser)

- ___ Lire votre manuel et remplir vos révisions de connaissances.
 - ___ Visionner le DVD qui vous est prêté, s'il y en a un.
 - ___ En cas d'absence à une session, vous devrez prévoir de finir le cours avec un autre groupe ou si cela est possible, planifier une session de rattrapage dont le coût est de 99,99 \$ + tx.
 - ___ Dans le cadre d'une annulation de cours, vous serez remboursé seulement à la présentation d'un certificat médical mentionnant une contre indication à la plongée sous-marine.
-

Quelles formations souhaiteriez-vous suivre après votre cours :

- Advanced Open Water (niveau 2)
 - Rescue Diver (niveau 3)
 - Spécialités, précisez: _____
 - Cours Professionnels: Divemaster Instructeurs
-

Signature : _____ Date : _____

Signature d'un parent ou tuteur : _____ Date : _____
(Si moins de 18 ans)



General Liability Release And Express Assumption Of Risk

18 Elm Street, Topsham, Maine 04086
Phone: (207) 729-4201 Fax: (207) 729-4453

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 Inc. 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



Technical Diving International Medical Statement

Participant Record (Confidential Information)

18 Elm Street, Topsham, Maine 04086
Phone: (207) 729-4201 Fax: (207) 729-4453

--- 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
Facility

City of _____ and State 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 your doctor should examine you before participating in recreational dive 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. Please answer **EACH ONE** 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 those items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

- | | |
|---|--|
| <input type="checkbox"/> Could you be pregnant? | <input type="checkbox"/> Do you frequently suffer from motion sickness (seasick, carsick, etc)? |
| <input type="checkbox"/> Are you over 45 years of age and have one or more of the following?
- have a high cholesterol level
- have a family history of heart attacks or strokes | <input type="checkbox"/> History of diving accidents or decompression sickness? |
| Have you ever had or do you currently have: | <input type="checkbox"/> History of recurrent back problems? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> History of back surgery? |
| <input type="checkbox"/> Frequent or severe attacks of hay fever or allergy? | <input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> Inability to perform moderate exercise (example: walk one mile within 12 minutes)? |
| <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> History of high blood pressure or take medicine to control blood pressure? |
| <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> History of any heart disease? |
| <input type="checkbox"/> History of chest surgery? | <input type="checkbox"/> History of heart attacks? |
| <input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)? | <input type="checkbox"/> Angina or heart surgery or blood vessel surgery? |
| <input type="checkbox"/> Behavioral health problems? | <input type="checkbox"/> History of ear or sinus surgery? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> History of ear disease, hearing loss or problems with balance? |
| <input type="checkbox"/> Recurring migraine headaches or take medications to prevent them? | <input type="checkbox"/> History of problems equalizing (popping) ears with airplane or mountain travel? |
| <input type="checkbox"/> History of diabetes? | <input type="checkbox"/> History of bleeding or other bleeding disorders? |
| <input type="checkbox"/> History of blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> History of any type of hernia? |
| | <input type="checkbox"/> History of ulcers or ulcer surgery? |
| | <input type="checkbox"/> History of colostomy? |
| | <input type="checkbox"/> History of drug or alcohol abuse? |
| | <input type="checkbox"/> Any other current medical condition that you feel could contradict participation in an active demanding sport such as scuba diving. |

The information I have provided about my medical history is accurate to the best of my knowledge.

_____ Signature

_____ Date

_____ Signatures of Parents or Guardians (Where Applicable)

_____ Date

STUDENT

Please print legibly

Name: _____ Birth Date: _____ Age: _____
First Initial Last

Mailing Address: _____

City: _____ State/ Province: _____

Country: _____ Zip / Postal Code: _____

Phone: (_____) _____ Fax: (_____) _____

Name and address of your family or primary care physician

Physician: _____ Clinic/ Hospital: _____

Address: _____
City State Zip

Phone: (_____) _____ Date of last physical examination: _____ / _____ / _____
mm / dd / yy

Name of examiner: _____ Clinic/ Hospital: _____

Address: _____ Phone: (_____) _____

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

PHYSICIAN

This person is an applicant 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.

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: _____ Clinic/ Hospital: _____

Address: _____
City State Zip

Phone: (_____) _____ Fax: (_____) _____

Physician's Signature: _____ Date _____ / _____ / _____
mm / dd / yy

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