

## Student Info:

## Personal and Confidential

Print Clearly



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

Address: \_\_\_\_\_

M  F

Single

Married

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

## Emergency Contact:



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_



### How did you hear about our scuba courses or our dive center?

- Friend/Family member
- Internet
- Facebook
- Instagram
- Radio
- Other \_\_\_\_\_



### Are you already a certified diver? If so provide the following

- I am not already certified

Certification Agency: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Last Dive Date? \_\_\_\_\_

Last Dive Location? \_\_\_\_\_



### Newsletter:

Do you wish to join our newsletter and stay up to date on dives, classes, and some pretty cool stuff?

- Yes Keep me updated
- No, I am not interested

Email if different from above: \_\_\_\_\_

### Did you Know?

Florida Dive Company has social media and a private dive club, please follow us and request to join.



@floridadivecompany

Facebook Private Group: Florida Dive Club



@floridadivecompany

# INTERNATIONAL TRAINING



## Gear Size:

BCD \_\_\_\_\_

Regulator \_\_\_\_\_

Wetsuit \_\_\_\_\_

Florida Dive Company  
Instructor Only

Course: \_\_\_\_\_

Certificate Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

\_\_\_\_\_  
Instructor Name SDI Inst #

Course: \_\_\_\_\_

Certificate Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

\_\_\_\_\_  
Instructor Name SDI Inst #

Course: \_\_\_\_\_

Certificate Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

\_\_\_\_\_  
Instructor Name SDI Inst #

Course: \_\_\_\_\_

Certificate Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

\_\_\_\_\_  
Instructor Name SDI Inst #

Course: \_\_\_\_\_

Certificate Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day / Month / Year

\_\_\_\_\_  
Instructor Name SDI Inst #

### IMPORTANT - PLEASE READ

Some pre-existing physical conditions may increase your risk of injury while taking part in freedive/breath-hold activities. Because of this, International Training (ITI), has developed the following medical questionnaire to make you aware of these conditions. Failure to address these conditions with a doctor prior to engaging in freedive breath-hold diving activities may endanger your safety as well as the safety of any person you may dive with.

### MEDICAL QUESTIONNAIRE

Participant's full name (print) \_\_\_\_\_  
Last / Family / Surname First / Given Initial

Instructor(s) name (print) \_\_\_\_\_  
Last / Family / Surname First / Given Initial

Please read each question carefully and answer it by checking either YES or NO. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in ITI endorsed activities/events/competition, but a positive answer requires you to review this form with a physician to obtain their assessment and clearance for you to participate in any in-water activities.

1. **NEUROLOGICAL CONDITIONS:** Any history or current condition related to seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels. History of any intracranial brain bleed.  
Yes No
2. **CARDIOVASCULAR CONDITIONS:** Any history or current condition related to heart attack, heart surgery, irregular heartbeat, uncontrolled elevated blood pressure (hypertension), heart murmur, known PFO, acute pulmonary edema associated with swimming or diving.  
Yes No
3. **ASTHMA:** Any history or current condition related to asthma or asthma attacks, wheezing caused by exercise, anxiety, cold, fatigue, etc. Any history or current condition requiring medication and/or use of an inhaler for control of wheezing.  
Yes No
4. **PULMONARY CONDITIONS:** Any history or current condition related to spontaneous collapsed lungs, collapsed lungs due to injury, any history of Pneumothorax, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. Any history of lung or tracheal squeezes due to previous breath-hold activities.  
Yes No
5. **EAR CONDITIONS:** Any history or current condition related to permanent holes of the eardrums, history of ruptured eardrums, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, otitis media, middle ear infection, severe surfer's ear or major ear surgery.  
Yes No
6. **SINUS CONDITIONS:** Any history or current condition related to tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery or persistent sinus infection.  
Yes No
7. **DIABETES MELLITUS:** Any history or current condition related to Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also, any history or current condition related to elevated blood sugar during pregnancy.  
Yes No
8. **PREGNANCY:** Are you pregnant or currently planning to become pregnant?  
Yes No
9. **FREEDIVING / SCUBA DIVING CONDITIONS:** Any history or current condition related to a diving accident, decompression sickness, decompression of the inner ear or air embolus.  
Yes No
10. **MEDICATION:** Any medication taken on a regular basis either over-the-counter or prescribed by a physician.  
Yes No
11. **GENERAL MEDICAL PROBLEMS:** Any physical, psychiatric/psychological or emotional condition not referenced above that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress  
Yes No

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

### Doctors Information When Required

Doctors name / stamp: \_\_\_\_\_

Doctors signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

My signature above certifies that I have reviewed the above-named individual's medical form with them and find no medical contraindications for their participation in breath-hold and freediving activities.



# International Training

**UNCONDITIONAL AND FULL GENERAL LIABILITY RELEASE - READ CAREFULLY**

**Directions:** Please read this document carefully because signing it indicates you are waiving certain legal rights, including the right to pursue personal injury negligence claims against the released parties. If you have any questions, ask any member of the support staff, or an attorney, before signing to signify your understanding. Please print when filling in the blanks and before signing your name at the end of this waiver.

I, (Print name clearly) \_\_\_\_\_ hereby affirm that I have been thoroughly informed of the risk involved with any freediving/breath-hold diving activity, for the course of (specify course) \_\_\_\_\_.

I understand that freediving/breath-holding underwater and related activities are inherently dangerous and involve risks of serious injury or death, including but not limited to hypoxia, anoxia, brain damage, marine life injuries, perils of the sea, barotrauma, shallow water blackout, head injury, broken bones, injuries incurred while entering and exiting the water, becoming lost or disoriented at depth, environmental factors which lead to injury, equipment problems leading to injury, buoyancy problems, fire and/or explosive hazards, improper dive planning, improper action of other divers or support personnel (including failure to rescue, recover, resuscitate, or provide medical assistance), hyperbaric injuries and drowning along with other unforeseen risks. I understand treatment of a freediving/breath-hold diving injury may require immediate medical attention and/or hyperbaric oxygen therapy. I understand that the training dives for this freedive/ breath-hold activity may be at a location that is remote, either by time, distance, or both, from medical care and/or a medical facility. I still voluntarily choose to participate in freedive/breath-hold activities in spite of the risk to me. I agree that I will never freedive/breath-hold dive alone; I will always freedive under the direct supervision of an equally trained and qualified buddy at all times.

In consideration of being allowed to participate in freediving/breath-holding activities, I understand and agree that neither Performance Freediving International (PFI) nor the officers, directors, shareholders, affiliated companies, employees, agents, volunteer(s) 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"), will be held liable or responsible by me or my heirs or assigns in any way for any injury, death, or other damages to myself, my family, heirs or assigns or my property that may occur directly or indirectly as a result of my participation in freedive/breath-hold activities AS A RESULT OF THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER ACTIVE OR PASSIVE;

nor my Instructors: \_\_\_\_\_;

nor others: \_\_\_\_\_;

nor Facility: Great Things Adventures, Inc. DBA Florida Dive Company

I agree to release and hold harmless the Released Parties from any and all claims, lawsuits demands, damages, actions, causes of action, suits in equity of whatever kind or nature by myself, my family, estate, heirs or assigns, arising out of my participation in this freedive/breath-hold activity, including any and all claims arising during or after I complete the freedive/breath-hold training and activities, EVEN IF MY INJURY OR DEATH IS DUE TO THE NEGLIGENCE OF THE RELEASED PARTIES.

I understand that freediving/breath-holding and related activities are physically strenuous and that I will be exerting myself during this freedive/ breath-hold activity, and I expressly assume the risk of any and all injuries, and I will not hold the Released Parties responsible if I am injured as a result of heart attack, panic, hypoxia, hyperventilation, oxygen toxicity, decompression illness, gas embolism, drowning or any other cause of injury or death not specifically stated herein EVEN IF MY INJURY OR DEATH IS DUE TO THE NEGLIGENCE OF THE RELEASED PARTIES.

I am aware of the prerequisite skill level and/or equivalent diving experience necessary to participate in freedive/breath-hold activities, and I affirm that I meet these requirements. I understand that I am responsible for supplying and maintaining my freediver/breath-hold diving equipment in proper operating condition, regardless of where I obtained it or from whom. I understand that all the terms herein are contractual, they are not a mere recital, and I am signing this document of my own free act and in so doing, I AM VOLUNTARILY WAIVING AND RELEASE ALL OF MY LEGAL RIGHTS TO SUE THE RELEASED PARTIES FOR ANYTHING RELATED TO THEIR NEGLIGENCE IN CONJUNCTION WITH FREEDIVING/ BREATH-HOLDING TRAINING AND RELATED ACTIVITIES TO THE HIGHEST DEGREE ALLOWED BY A COMPETENT COURT OF PROPER JURISDICTION WHETHER IN LAW OR EQUITY.

In consideration of being allowed to participate in this freedive/breath-hold dive activity, I hereby personally assume all known and unknown risks in connection with freediving/breath-holding activities, for any harm, injury, or damage that may befall me while I am participating in this freedive/ breath-hold diving, including all risks of injury or death connected therewith, whether foreseen or unforeseen.

I further agree that if I or my heirs breach this Agreement by filing an action against the Released Parties I waive any right I may have to a trial by jury and that any claim shall be brought no later than one (1) year from the date of accident, incident or occurrence upon which the lawsuit or other claim for relief is brought.

I state that I am of lawful age and legally competent to sign this liability release, or that I have the written consent of my parent or legal guardian to engage in this freedive/breath-hold activity under the conditions of this release as stipulated by their signature below.



# International Training

## UNCONDITIONAL AND FULL GENERAL LIABILITY RELEASE - READ CAREFULLY

It is my intention by signing this written document to waive and release all of the Released Parties, from all liability whatsoever for personal injury, property damage or wrongful death to me, however caused, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER ACTIVE OR PASSIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS FULL, GENERAL LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MY HEIRS AND MYSELF.

### ACKNOWLEDGMENT OF PRIOR CERTIFICATION AND EXPERIENCE

I state that I am already a qualified and certified freediver through the following training agencies \_\_\_\_\_ and that I hold training to the level of \_\_\_\_\_. I have been a certified freediver since \_\_\_\_\_ and have been freediving for \_\_\_\_\_ years for a total of \_\_\_\_\_ freedives to a maximum depth of \_\_\_\_\_ M/F.

**This document is required to be completed and signed for all courses and taught under sanction by Performance Freediving International. No alterations, changes, omissions or revisions may be made.**

Participant name (print): \_\_\_\_\_  
Last / Family / Surname First / Given Initial

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

Parent/Legal Guardian name (if under 18 years of age) print): \_\_\_\_\_  
Last / Family / Surname First / Given Initial

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Day / Month / Year

Great Things Adventures Inc., DBA Florida Dive Company

FREEDIVER STUDENT AGREEMENT



PARTIES

This Agreement (hereinafter referred to as the "Agreement") is entered into on \_\_\_\_\_ (the "Effective Date"), by and between GREAT THINGS ADVENTURES INC., DBA FLORIDA DIVE COMPANY, (hereinafter referred to as the "Company") and \_\_\_\_\_ (hereinafter referred to as the "Student") (collectively referred to as the "Parties").

CONDITIONS OF AGREEMENT

- \_\_\_\_\_ 1. Student agrees to pay in full, nonrefundable course fee to reserve their place in a class. When student makes payment for training and/or adventure they are holding a space on the calendar that is no longer available to others, as well as reserving an instructor's time.
- \_\_\_\_\_ 2. If student is unable to make the dates for scheduled training, they must notify the company within seven days by emailing [info@floridadivecompany.com](mailto:info@floridadivecompany.com). A private class can be arranged at that time at an additional fee.
- \_\_\_\_\_ 3. FAILURE TO ATTEND WITH NOTIFICATION - Student understands that there are no refunds, either partial or total, for *failure or inability to attend a class*. Either a private class is arranged at an additional fee of \$375, or student is rescheduled where space is available at no fee.
- \_\_\_\_\_ 4. NO CALL, NO SHOW - Student understands that there are no refunds, either partial or total, for *no shows or cancellations to attend a class*. It is understood that this time was reserved for the student and another student may have been refused this time slot. Either a private class is arranged at an additional fee of \$375, or student is rescheduled for a fee of \$150.
- \_\_\_\_\_ 5. Freediver training is purchased – Certifications are earned. If a student is challenged by equalization or other in-water issues and all in-water training has been exhausted, the student is invited to review materials that will be provided for additional practice and rejoin a future class to complete certification requirements (only fee will be water entry fees, if applicable) or to schedule private training with an instructor for an additional fee. It is vitally important to certify a safe and knowledgeable freediver, as freediving is a recreational sport that does not just impact the diver, but those that are diving with them. We want students to have an enjoyable experience and feel comfortable with their level of proficiency before being certified to participate in freediving excursions or to provide safety to other divers.
- \_\_\_\_\_ 6. Student agrees that all eLearning must be completed prior to orientation and in water training. If not, a reschedule fee will be applied.
- \_\_\_\_\_ 7. Student agrees that in water training days are subject to weather conditions and that if weather conditions impact ability to complete training on a particular day, the day will be rescheduled at no additional charge.
- \_\_\_\_\_ 8. Student agrees that they will arrive at the dive sites on time and that late arrivals may impact their ability to enter dive site location. If this happens and student is unable to gain entry a reschedule fee will be applied.

RENTAL EQUIPMENT AGREEMENT

\_\_\_\_\_ Student agrees that equipment rented for class is only to be used under the direct supervision of the company and its staff. It is the student's responsibility to clean the gear at the end of each training session. Additionally, student agrees to compensate, at current retail value, Great Things Adventures, Inc. DBA Florida Dive Company for the loss and/or damage of any or all equipment while in their care for use and/or transportation. **YOU WILL BE ASSESSED A CLEANING FEE OF \$50 IF YOU URINATE, DEFECATE OR RETURN OUR GEAR DIRTY.**

PHOTO/VIDEO RELEASE

I \_\_\_\_\_ ("Student") grant permission to the company, its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video taken of me, or members of my family, minor or otherwise, for the purpose of publication, promotion, illustration, advertising, or trade in any manner or in any medium. I hereby release Great Things Adventures Inc., DBA Florida Dive Company and its legal representatives for all claims and liability relating to said images or videos. Furthermore, I grant permission to use my statements there were given during an interview or lecture, with or without my name, for advertising and publicity without restriction. I waive my right to any compensation.

I UNDERSTAND AND AGREE TO ABIDE BY ALL THE ABOVE.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Minor Name: \_\_\_\_\_ Date: \_\_\_\_\_