



part 5

pfi forms

PFI Forms

1. Forms Overview.....	289
▶ 1.1 Registration Form	289
▶ 1.2 General Liability Release and Express Assumption of Risk Forms.....	289
▶ 1.3 Instructor Registration and Upgrade Form	290
▶ 1.4 Accident / Incident Report Form	290
▶ 1.5 Medical History Form	290
▶ 1.6 Academic Presentation	290
▶ 1.7 In-Water Presentation.....	290

Revision History		
Revision Number	Date	Changes
0719	07/01/2019	Initial standard
0120	01/01/2020	Multiple forms updates to include location/facility on Student Registration form and Instructor Registration and Upgrade form
0720	07/24/2020	No changes
0121	01/01/2021	Academic Presentation form and In-Water Presentation form added
0122	01/01/2022	"PFI Forms" (originally Part 4) renumbered to "Part 5". 1.1 Form updated - "Specialty" added to course selection 1.3 Form updated - "Specialty" added to course selection, second IT signature line added



1. Forms Overview

1.1 Registration Form

To register students after a course has been completed use the online registration section on the Performance Freediving International member's section. As an alternative, use this form to register divers for all Performance Freediving International Courses. Complete the form and fax or email to Performance Freediving International.

1.2 General Liability Release and Express Assumption of Risk Forms

Use this form to obtain the general liability release and assumption of risk from the students. Make sure to review the contents before starting on a course to ensure it has been completed and signed – including the signature of a witness.

1.3 Instructor Registration and Upgrade Form

Use this form to upgrade or register professional level ratings for Performance Freediving International. Reference leadership standards for upgrade requirements.

1.4 Accident / Incident Report Form

Use this form to file information regarding an accident or incident with Performance Freediving International Headquarters.

1.5 Medical History Form

Use this form to obtain medical information for the students. Make sure to review the contents before starting on a course.

1.6 Academic Presentation

Use this form when preparing for the academic portion of a class.

1.7 In-Water Presentation

Use this form when preparing for the confined portion of a class.



International Training

REGISTRATION FORM

Directions: Please use the online registration system. If using this form please scan and send digitally.

Method of Payment

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check ☐ Money Order

Make Checks Payable to International Training

Card #: _____ Exp. Date: _____ / _____ / _____
Month / Year

Signature: _____ Date: _____ / _____ / _____
Day / Month / Year

Course: Check only ONE course per registration form

☐ Snorkeler ☐ Intermediate Freediver ☐ Specialty: _____
☐ Safe Buddy ☐ Advanced Freediver
☐ Freediver ☐ Freediver Safety

CERTIFICATION FEE: ☐ Digital Card Only ☐ C-Card ☐ C-Card & Certificate (refer to current price list)

All c-cards are sent directly to the Facility/Service Provider or student

Print name as it is to appear on C-Card	Complete mailing address (include City, State and Postal code)	Phone number E-mail address
_____	_____	_____
DOB (mm/dd/yyyy): _____	_____	_____
_____	_____	_____
DOB (mm/dd/yyyy): _____	_____	_____
_____	_____	_____
DOB (mm/dd/yyyy): _____	_____	_____
_____	_____	_____
DOB (mm/dd/yyyy): _____	_____	_____

Course Completion Date: _____ / _____ / _____
Day / Month / Year

Instructor Name: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

2nd Inst./Asst. by: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

Location/Facility: _____ Facility Number: _____

Ship to Address: _____ ☐ Facility ☐ Student(s)

I certify that the above-named students have completed the Performance Freediving International training course indicated and have reached the proficiency level required by Performance Freediving International standards before issuing these certifications.

Instructor Signature: _____ Date: _____ / _____ / _____
Day / Month / Year

v1021

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: _____.

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.



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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

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International Training

INSTRUCTOR REGISTRATION AND UPGRADE FORM

Directions: Please scan and send digitally.

Method of Payment

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check ☐ Money Order

Make Checks Payable to International Training

Card #: _____ Exp. Date: _____
Month / Year

Signature: _____ Date: _____
Day / Month / Year

Certificates & cards are sent directly to the instructor or Facility/Service Provider.

Certification Fee: * Refer to current price list

Please Check Only One Course Per Form

☐ Freediver Supervisor

☐ Assistant Freediver Instructor

☐ Assistant Intermediate Freediver Instructor

☐ Assistant Advanced Freediver Instructor

☐ Freediver Instructor

☐ Intermediate Freediver Instructor

☐ Advanced Freediver Instructor

☐ Specialty: _____

Current Instructor Number: Print name as it is to appear on certification card:	_____ _____ _____
Complete mailing address (including City, State and Postal code)	_____ _____ _____
Phone number	_____ _____
E-mail address	_____ _____

Participation in an Instructor Class:

The Performance Freediving International Instructor has completed a Performance Freediving International Instructor Course.

Instructor Requirements:

I agree to adhere to the Performance Freediving International Course standard and outline provided by Performance Freediving International.

Location/Facility: _____ Course Completion Date: _____
Day / Month / Year

Instructor Trainer Signature: _____ Instr. #: _____ Date: _____
Day / Month / Year

Instructor Trainer Signature: _____ Instr. #: _____ Date: _____

Instructor Signature: _____ Date: _____
Day / Month / Year

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International Training

ACCIDENT / INCIDENT REPORT

Directions: Please print or type clearly. It is extremely important that you fill in this form COMPLETELY!

The information contained within all of the pages that make up this document is **CONFIDENTIAL** and **PRIVILEGED**. Said information is intended solely for the use of the individual to whom it is directed. If the recipient is a person / business other than those listed, you are hereby notified that any dissemination, copying, or other use of this communication is strictly prohibited. If you have received this document in error, please notify Performance Freediving International immediately at (888) 778-9073 and destroy this document immediately thereafter. Thank you for your cooperation and courtesy in relation to this matter.

Date of Accident: _____ / _____ / _____ Name of Victim: _____
Day / Month / Year Last / Family / Surname First / Given Initial

Location of Accident: _____

Address of Victim: _____

Sex: ☐ M ☐ F Age: _____ Was this an instructional session? ☐ Yes ☐ No

Check all items applicable: ☐ Fatality ☐ Bodily Injury ☐ Non-Injury ☐ Other (describe): _____

Describe the experience of the victim; was he or she a student? _____

Describe the injuries suffered by the victim: _____

Please describe any rescue or emergency procedures used and first aid given: _____

Please list any other emergency personnel / agencies that attended: _____

Narrative Report: Describe the accident and the events leading up to it with your best overview, including the roles of the participants. Use additional pages if needed to give a complete account:

Instructor Name: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

Your Address: _____

Your Telephone Number: Day: _____ Evening: _____

Describe your personal participation in the incident (i.e. were you instructing the victim, a witness, called on to assist, etc.): _____

Please list the names, addresses and phone numbers of all other participants, witnesses. Use additional sheets if needed: _____

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.

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Academic Presentation

1321 SE Decker Ave Stuart, FL 34994

Phone: 888-778-9073 Fax: 877- 436-7096

Email worldhq@tdisdi.com

www.tdisdi.com/pfi

Topic:

Introduction: (Put your name and cert # PFI – xx, on the white board) – let students introduce themselves)

Time for presentation itself Hours:

Minutes:

Attention getting step:

Objective:

Importance / Value:

Outline:

Key Points:

Presentation Body:

Summary:

Review key points:

Restate importance

Objectives tested (student interaction, eye contact, etc.):

Any questions?

Knowledge quest review

(Review to 100% comprehension.)

Continuing education class schedule (upcoming courses)

Be Friendly and Professional!

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08/04/2020



In-Water Presentation

1321 SE Decker Ave Stuart, FL 34994

Phone: 888-778-9073 Fax: 877- 436-7096

Email worldhq@tdisdi.com

www.tdisdi.com/pfi

Introductions (Your name, your Assistants's name – groups)

Time for presentation itself Hours: Minutes:

1. Site briefing (pool, confined water, open water)
2. Emergency procedures
3. Description of site and site conditions (currents, rig, boat traffic, etc)
4. Review all signals
5. Skills to be conducted
6. Rig rules
7. Entry and exits

#	Skill	Importance / Value / Objective / Skill Explanation / Key-points
1		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
2		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
3		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
4		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>
5		<i>Importance/ Value:</i> <i>Objective:</i> <i>Skill explanation:</i> <i>Key-points:</i>

Re-State (for each skill):

Praise:

Importance / Value:

Objective:

Key-points:

Test Objectives (ask questions):

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