



First Name

Last Name

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

SSI Professional Agreement

I hereby agree to be bound by the following SSI Professional Agreement ("Agreement") between myself and SSI International GmbH, Johann-Hoellfritsch-Straße 6, 90530 Wendelstein, Germany, "SSI" and my regional SSI Service Center ("Service Center"):

- 1. Commitment to Professionalism and Ethics.** At all times while representing myself as an SSI Professional I will conduct my activities in a professional, competent, ethical and respectful manner. I will promote all SSI training programs (Swim, Life Guard, Snorkeling, Freediving, Recreational Scuba, Extended Range ("XR") Technical and/or Rebreather Diving) through my affiliated SSI Training Center.
- 2. Adherence to SSI Training Standards.** I shall know and comply with the most recent SSI Training Standards and SSI Professional requirements for each SSI course I teach. Failure to teach in compliance with the most recent applicable SSI Training Standards constitutes a violation of this Agreement and may result in remediation, suspension, revocation, or non-renewal of my SSI Professional membership. If I have a question or do not understand any SSI Training Standard(s) or requirements, then I shall seek clarification from my affiliate SSI Service Center. I will only teach SSI courses that I am certified and authorized to teach.
- 3. Knowledge of Training Materials.** I am familiar with the SSI training materials for each course I am certified to teach and shall become knowledgeable of revisions and new materials as they are made available. I am competent and capable of performing all the skills required for each SSI course I teach. I shall maintain my personal skill level for each course I teach and if for any reason I am unable to perform any skill at a fully competent and professional level, especially rescue and resuscitation skills, then I shall refrain from teaching any course that may require those skills. I understand instruction is physically strenuous and it is my responsibility to maintain appropriate personal fitness to conduct instruction and supervision. If for any reason my physical, medical or mental condition prevents me from being professionally capable, knowledgeable and able to perform my responsibilities as a Professional, then I shall refrain from teaching and supervising. I am responsible for maintaining my skills and certifications in First-aid, CPR and Oxygen Provider.
- 4. Affiliation and Insurance.** As an SSI Professional, I must be affiliated with an active authorized SSI Training Center and shall maintain my Professional status with SSI through yearly renewals. Where required, I shall obtain Professional liability insurance naming SSI as an additional insured (where applicable) and shall provide SSI a copy of my insurance certificate. It is my responsibility to know and comply with all terms, conditions, warranties and exclusions of my Professional liability insurance policy. I understand and agree that when teaching with an assistant, to increase student ratios, the assistant must be a certified and insured (where applicable).
- 5. Student Record Keeping and Certification.** I understand that I am solely responsible for determining that each student I certify has met all SSI training requirements for certification. I shall not certify anyone who has not met all requirements for certification. I shall be fair, objective and honest when conducting student skills evaluations. It is my responsibility to inform students if they need additional skills development to be qualified for certification. As the instructor of record for each student I certify, I am ultimately responsible for obtaining and verifying all the required student information, forms, documentation, academic records, skills development records and training records. I agree that all electronic records, documents and signatures have the same legal effect as if they were original paper documents.
- 6. Quality Assurance Procedure.** I shall inform my affiliated SSI Service Center in writing prior to starting a SSI professional program if I have been convicted of a crime of moral turpitude (i.e., dishonesty, corruption, conspiracy, sexual assault etc.) If the conviction occurs after I am a SSI professional, I shall inform my affiliated SSI Service Center and refrain from teaching or supervising students until notified. I shall also inform my affiliated SSI Service Center in writing prior to starting a SSI professional program if I have been previously, are currently, or are becoming the subject of an investigation, action (i.e. expelled) or proceeding due to standards or ethical violations brought by another training agency. I understand that SSI may terminate this Agreement in accordance with Section 10 below.

I understand that I am obligated to report any violations of SSI Training Standards and SSI Professional requirements to my affiliated SSI Service Center. As an SSI Professional, I shall report all accidents and injuries to students I am teaching, supervising or that I am responsible for in any manner, to my professional liability insurance company and my affiliate SSI Service Center. I agree to comply with any quality compliance action as set forth in the most recent edition of the SSI Training Standards and SSI Professional requirements. I authorize SSI to release any quality compliance investigation and or action regarding me to any other training agency and or governmental law enforcement or regulatory agency and publish my expulsion. I authorize other training agencies that I am affiliated with to release any quality compliance records regarding me to SSI. When representing myself as an SSI Professional, I shall comply with all applicable governmental statutes, codes and regulations.

- 7. Data Protection.** I agree that SSI as well as third parties involved in the performance of the Agreement (e.g. the Service Center, authorized SSI Training Centers for administrative purposes, financial service providers for processing of any payments) may process my personal data (Name, Address, Photo, Date of Birth, Email Address, SSI Certification and Professional Number as well as Master ID, if necessary insurance information, information provided by me on my state of health, my certification number and a medical certificate) for the purposes of conducting my training, my certification and the administration of my membership as well as other purposes necessary for the performance of the agreement and professional business transactions.

I am aware that SSI may transfer my personal data mentioned above for administrative purposes (e.g. in case of an accident/complaints) to companies involved in resolving the respective case or in the performance of the agreement (e.g. insurance companies, public authorities, the Service Center or other companies affiliated with SSI), as far as this is necessary in order to fulfill the Agreement, comply with legal obligations or fulfill legitimate interests. I am further aware that SSI may transmit my personal data mentioned above to companies and contractual partners outside of the EU/EEA in compliance with relevant data protection laws. I know that SSI will store and further process my personal data for the purposes mentioned above using the online system managed by SSI ("MySSI", my.diveSSI.com), which is mandatory for any SSI certification.



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I understand and agree that my personal data will be retained and electronically stored by SSI for an unlimited time, to enable SSI to confirm my qualifications, certifications, affiliated training centers and other relevant data at any time. This means that if I revoke consent for processing my personal data, no training can be done with SSI or taught by me. I understand and agree that in the case of deletion of my personal data based on my request, then my SSI certifications become invalid.

I am aware that I have the right to know the personal data stored about me, the right to request to correct or delete the data or to revoke any consent given at any time, taking into account the consequences described above by revocation and deletion. Furthermore, I am aware that if I have certified students and therefore appear on student's certifications as the "Certifying Instructor", SSI will not delete the following personal data, even if I request the deletion: Name, SSI Professional number and Master ID as well as training qualifications and related insurance information. In addition, I have the right to request a transfer of data and to complain to the authorities in charge. If I want to execute any of these rights I may contact SSI via privacy@divessi.com.

I explicitly declare that I will ensure that applicable national and EU data protection laws are complied with when transmitting data (including any third-party data) to or receiving personal data by SSI, other companies affiliated with SSI as well as other third parties involved in performance of the Agreement.

I shall indemnify and hold SSI, its affiliates, subsidiaries, agents and assignees harmless from any liability, loss, damage or expense (including reasonable attorneys' fees and court costs) incurred through claims of third parties that the use of any personal data (provided by me to SSI or any other company affiliated with SSI/provided by SSI or any other company affiliated with SSI to me) by SSI or another company affiliated with SSI /by me infringes or violates data protection rights of such third parties.

8. Informational Materials. I am aware and acknowledge that SSI may send me additional information about updated legal documents, products (e.g. new training courses), tests and trainings using any communication channel in order to support me in the performance of my contractual obligations, my training and my business. I acknowledge that this consent cannot be withdrawn as long as I act as an SSI Professional due to the need of staying updated.

9. Legal Status. I understand and agree that I am not an employee or agent of SSI and that although SSI establishes Training Standards that I am obligated to comply with when teaching SSI courses, SSI does not supervise, dictate, control or have any involvement in how I plan and conduct my instructional activities. SSI is not and shall not be held responsible for my instructional activities. I hereby agree to release, hold harmless, save and indemnify SSI, its owners, officers, directors, employees, agents, volunteers and all others on their behalf from any losses, claims, demands, liabilities, causes of action, and expenses for any injury, illness, wrongful death or property damage resulting from my acts, errors, omissions, or negligence, whether foreseeable or unforeseen, and whether active or passive.

10. Professional Renewal. I acknowledge that being an SSI Professional is an earned privilege that requires serious personal and professional responsibilities. Should I fail to fulfill those responsibilities, including but not limited to failure to pay a financial obligation to SSI, SSI may at its sole discretion require remediation, suspend, revoke or non-renew my SSI Professional credentials and will not hold SSI liable for a disadvantage with regard to these measures.

11. Logos, Trademarks and Copyrights. I shall obtain written authorization from SSI prior to any use of SSI logos or trademarks. I understand that being an SSI Professional is in no way a license agreement, and that I will not reproduce any SSI materials or produce any new products using the SSI or any other corporate logos.

12. Governing Law and Competence. This Agreement, its execution, validity, construction and performance shall be governed by and construed in accordance with the laws of Germany, excluding its rules on conflict of law.

In the event of disputes arising out of this Agreement or relating thereto, both parties agree upon the sole jurisdiction of the court, which has the relevant jurisdiction for the locality where SSI is seated. SSI is however at liberty also to bring suits against the SSI Professional at the court having jurisdiction over the latter's place of business or residence.

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)