



# DISCOVER SNORKELLING / SKIN DIVING STATEMENT OF RISKS AND LIABILITY (PADI International Ltd)

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## Participant Record (Confidential Information)

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_

### Please read carefully and fill in all blanks before signing.

This is a statement in which you are informed of the risks of snorkelling and skin diving. The statement also sets out the circumstances in which you participate in the snorkelling / skin diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your dive professional. If you are a minor, this form must also be signed by a parent or guardian.

### WARNING

Snorkelling and skin diving have inherent risks which may result in serious injury or death. Snorkelling and skin diving are physically strenuous activities and you will be exerting yourself during this programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

### EXCLUSION OF LIABILITY

Past or present medical conditions may be contraindicative to my participation in the programme. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting; nor a history of heart condition (e.g.: cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as asthma, emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I understand and agree that neither the dive professionals conducting this programme, \_\_\_\_\_, nor the facility through which this programme is conducted, \_\_\_\_\_, nor PADI International Ltd., nor PADI Americas, Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, \_\_\_\_\_, the facility through which this programme is offered, \_\_\_\_\_, PADI International Ltd., PADI Americas, Inc., and all released entities and released parties as defined above, my participation in this snorkelling / skin diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent/Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)