

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

	a marinomionaginone agricollicht
that Member business activities are independent, and are neither owned no training programs, it is not responsible for, nor does it have the right to con of PADI programs and supervision of divers by the Members or their associates that in the event of an injury or death during this activity, neither I nor and/or the instructors and diversaster	•
Liability Release and Ass	sumption of Risk Agreement
I,, hereby affirm that I a injury or death.	m aware that skin and scuba diving have inherent risks which may result in serious
for certification may be conducted at a site that is remote, either by time or dis such instructional dives in spite of the possible absence of a recompression of	icluding but not limited to decompression sickness, embolism or other hyperbaric/ er understand that the open water diving trips which are necessary for training and stance or both, from such a recompression chamber. I still choose to proceed with hamber in proximity to the dive site.
I understand and agree that neither my instructor(s),	instructor(s), the facility through which I receive my
of the negligence of any party, including the Released Parties, whether passive	
In consideration of being allowed to participate in this course (and optional Adrisks of this program, whether foreseen or unforeseen, that may befall me who confined water and/or open water activities.	venture Dive), hereinafter referred to as "program," I hereby personally assume all ile I am a participant in this program including, but not limited to, the academics,
I further release, exempt and hold harmless said program and Released Partie of my enrollment and participation in this program including both claims arising	s from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out g during the program or after I receive my certification.
I also understand that skin diving and scuba diving are physically strenuous injured as a result of heart attack, panic, hyperventilation, drowning or any ott the Released Parties responsible for the same.	activities and that I will be exerting myself during this program, and that if I am er cause, that I expressly assume the risk of said injuries and that I will not hold
	y release, or that I have acquired the written consent of my parent or guardian. I ve signed this Agreement of my own free act and with the knowledge that I hereby ment is found to be unenforceable or invalid, that provision shall be severed from ugh the unenforceable provision had never been contained herein.
I understand and agree that I am not only giving up my right to sue the Release	ed Parties but also any rights my heirs, assigns, or beneficiaries may have to sue hority to do so and that my heirs, assigns, or beneficiaries will be estopped from
- Instructor(s)	THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS DEFINED ABOVE,
FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED F	INJURY, PROPERTY DAMAGE OR WRONGELL DEATH HOWEVER CALISED
I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF	THIS NON-AGENCY DISCLOSURE AND ACKNOWLDGEMENT AGREEMENT ADING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY
Participant Signature	Date (Day/Month/Year)
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)
PRODUCT NO. 10072 (Rev. 12/12) Version 4.03	& DADI 2012

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These prac-
tices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving
Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the
statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

, understand that as a dive	I should:
	, understand that as a diver

- Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
- 2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
- Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
- 4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
- 5. Adhere to the buddy system throughout every dive. Plan dives including communications, procedures for reuniting in case of separation and emergency procedures with my buddy.
- 6. Be proficient in dive table usage. Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
- Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device.
 Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
- 8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
- 9. Use a boat, float or other surface support station, whenever feasible.
- 10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Parlicipani's Signature	Date (Day/Month/Year)
Signature of Porent or Guardian (where applicable)	Date (Day/Month/Year)







established safety procedures are not followed, however, there are

respiratory and circulatory systems must be in good health. All body air

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your

MEDICAL STATEMENT

Participant Record (Confidential Information)

increased risks.

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	Instructor	spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is
	located in the	under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are tak-
	•	ing medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis
city o	f, state/province of	thereafter upon completion. You will also learn from the instructor the
enrol this S	Read this statement prior to signing it. You must complete this cal Statement, which includes the medical questionnaire section, to in the scuba training program. If you are a minor, you must have statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed ctly, applying correct techniques, it is relatively safe. When	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 Questionnaire section, review them with your instructor before signing.
	vers Medical Questionnaire	motosta susta agring.
The pined to respond to the pine to the pi	urpose of this Medical Questionnaire is to find out if you should be examyour doctor before participating in recreational diver training. A positive use to a question does not necessarily disqualify you from diving. A positive use means that there is a preexisting condition that may affect your safety diving and you must seek the advice of your physician prior to engaging in ctivities.	Please answer 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 these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.
	Could you be pregnant, or are you attempting to become pregnant?	Dysentery or dehydration requiring medical intervention?
	Are you presently taking prescription medications? (with the exception of	Any dive accidents or decompression sickness?
	birth control or anti-malarial) Are you over 45 years of age and can answer YES to one or more of the	Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
	following?	Head injury with loss of consciousness in the past five years?
	currently smoke a pipe, cigars or cigarettes	Recurrent back problems?
	have a high cholesterol level have a family history of heart attack or stroke	Back or spinal surgery?
	are currently receiving medical care	Diabetes?
	high blood pressure dishete mellitus aven if controlled by diet plans	
	diabetes mellitus, even if controlled by diet alone	Back, arm or leg problems following surgery, injury or fracture?
Hav	you ever had or do you currently have	High blood pressure or take medicine to control blood pressure?
	Ashma, or wheezing with breathing, or wheezing with exercise?	Heart disease?
	Frequent or severe attacks of hayfever or allergy?	Heart attack?
	Frequent colds, sinusitis or bronchitis?	Angina, heart surgery or blood vessel surgery?
	Any form of lung disease?	Sinus surgery?
	Pneumothorax (collapsed lung)?	Ear disease or surgery, hearing loss or problems with balance?
	Other chest disease or chest surgery?	Recurrent ear problems?
	Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?	Bleeding or other blood disorders?
	Epilepsy, seizures, convulsions or take medications to prevent them?	Hernia?
	Recurring complicated migraine headaches or take medications to prevent them?	Ulcers or ulcer surgery ? A colostomy or ileostomy?
	Blackouts or fainting (full/partial loss of consciousness)?	Recreational drug use or treatment for, or alcoholism in the past five
	Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?	years?

Signature

Date

STUDENT Please print legibly.

	Lasi	Birth Date	Age
lameFirst Initial		•	
Mailing Address		/Region	<u></u>
Dity			
Country			
Home Phone ())	
Email	FAX		
Name and address of your family physician			
Physician	Clinic/Hospital		
Address			
Date of last physical examination			
Name of examiner	Clinic/Hospital		
Address		<u> </u>	
Phone ()Email_			
PHYSICIAN			
This person applying for training or is presently certified to engage in	scuba (self-contained underwa	ter breathing apparatus) divi	ing. Your opinion
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