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

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the 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 instructor. If you are a minor, this form must also be signed by a parent or guardian.

## **WARNING**

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving 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**

I understand and agree that neither the dive pro , nor the facility throu , nor PADI International Ltd.,	gh which this programme is conducted,
subsidiary corporations, nor any of their respective employer referred to as "Released Parties") accept any responsibility for caused by me or resulting from my own conduct or any matter of my own contributory negligence.	ees, officers, agents or assigns (hereinafter or any death, injury or other loss suffered or
In the absence of any negligence or other breach of duty programme,, the facility, PADI International entities and released parties as defined above, my participation	through which this programme is offered, Ltd., PADI Americas, Inc., and all released
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)