



Discover Snorkeling/Skin Diving Statement

Participant Record (Confidential Information)

Please print legibly.

Name _____

Mailing Address _____

City _____

State/Province _____ Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Birth Date _____ Age _____

Discover Snorkeling/Skin Diving Liability Release and Assumption of Risk

Please read carefully before signing.

I, (Participant Name) _____, hereby affirm that I have been advised and informed of the inherent hazards of snorkeling/skin diving.

_____ I understand and agree that neither my guide(s)/instructor(s), _____, the facility through which this program is offered, _____, nor International PADI, Inc., nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to participate in this program, I hereby save and hold harmless said program and I personally assume all risks in connection with this program, for any harm, injury or damage that may befall me while I am a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

_____ I also understand that snorkeling/skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

_____ I understand that past or present medical conditions may be contraindicative to my participation in the program. 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 further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

IT IS THE INTENTION OF (Participant Name) _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRUCTOR(S), _____, THE FACILITY THROUGH WHICH THIS PROGRAM IS OFFERED, _____, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Participant

Date (Day/Month/Year)

Signature of Parent/Guardian

Date (Day/Month/Year)