

CERTIFIED DIVER EXPERIENCE PROGRAMMES STATEMENT OF RISKS AND LIABILITY

(PADI International Ltd)

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 scuba diving. The statement also sets out the circumstances in which you participate in the snorkelling / scuba 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/guide. 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 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 snorkelling / scuba diving programme. You must advise truthfully and fully inform the dive professional and the facility through which this snorkelling / scuba diving programme is offered of your medical history.

EXCLUSION OF LIABILITY

I understand and agree that neither the dive	hrough which this programme is conducted,
nor PADI International L subsidiary corporations, nor any of their respective emp referred to as "Released Parties") accept any responsibili caused by me or resulting from my own conduct or any ma my own contributory negligence.	ty for any death, injury or other loss suffered or
In the absence of any negligence or other breach of programme,, the fa	
entities and released parties as defined above, my participalis 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)