



UK VERSION

CERTIFIED DIVER EXPERIENCE PROGRAMS CERTIFICATE OF UNDERSTANDING AND ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

This Certificate forms part of a Contract. I understand that this is a legally binding agreement and that I should read and understand all of the terms before signing. I also understand if there are terms to which I do not agree or do not understand, I may consult with legal counsel for clarification and do not have an obligation to sign this Certificate.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

Participant Name

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that the open water diving drips which are necessary for this experience, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand that no one may be held liable or responsible for any injury or other loss suffered or caused solely by me or results solely from my own conduct or any matter or condition under my control. In the absence of any negligence or other breach by the dive professional(s), the facility through which this experience is offered,

_____, PADI International, Ltd., and International PADI, Inc., my participation in this experience is entirely at my own risk.

Facility Name

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during these diving activities. I understand that I have a responsibility to truthfully inform the dive professional(s) and the facility through which this training is offered of my medical history.

I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I understand I should see a physician and have approval to dive while under the influence of the medication/drugs.

I will inspect all of my equipment prior to the activity and will notify the dive professional(s) if any of my equipment is not working properly.

I further state that I am of lawful age and legally competent to sign this Certificate, or that I have acquired the written consent of my parent or guardian.

I UNDERSTAND THE TERMS OF THIS CERTIFICATE ARE LEGALLY BINDING AND THAT I HAVE AN OBLIGATION TO READ AND UNDERSTAND ALL OF THE TERMS BEFORE SIGNING THIS CERTIFICATE. I ALSO UNDERSTAND IF THERE ARE TERMS TO WHICH I DO NOT AGREE OR DO NOT UNDERSTAND, I MAY CONSULT WITH LEGAL COUNSEL FOR CLARIFICATION AND DO NOT HAVE AN OBLIGATION TO SIGN THIS CERTIFICATE.

Signature of Participant

Date

Signature of Parent/Guardian (where applicable)

Date