



# UK Version 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 Certificate of Understanding 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, \_\_\_\_\_, International PADI, Inc., nor PADI International Ltd., 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 any matter or condition under my control.

\_\_\_\_\_ 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 certificate of understanding, 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, \_\_\_\_\_, INTERNATIONAL PADI, INC., AND PADI INTERNATIONAL LTD., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, WHICH RESULTS FROM MY OWN CONDUCT OR ANY MATTER OR CONDITION UNDER MY CONTROL.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS CERTIFICATE OF UNDERSTANDING 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)