



Statement of Risk and Liability/ Non-agency Acknowledgment Form
CERTIFIED DIVER EXPERIENCE PROGRAMS
(EU Version)

Please read carefully and fill in all blanks before signing

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ ^{SMG SCUBA} _{store/resort} and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff.

Statement of Risk and Liability

This is a statement in which you, the certified diver, are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving experience 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 that may be 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. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving experience. Past or present medical conditions may be contraindicative to your participation in this experience. You must be in good mental and physical fitness for diving, and not under the influence of alcohol, nor any drugs that are contraindicatory to diving. If you are taking medications, that you have seen a physician and have approval to dive whilst taking these.

You need to inspect all of your equipment prior to this experience and notify the dive professionals and the facility through which this experience is offered if any of your equipment is not working properly.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this program, _____ ^{instructor(s)} _{SMG SCUBA}, nor the facility through which this program is conducted, _____ _{SMG SCUBA}, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this program, _____ ^{instructor(s)} _{SMG SCUBA}, the facility through which this program is offered, _____ _{SMG SCUBA}, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving program is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

Participant Name (Please Print) _____

Participant Signature _____

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable) _____

Date (Day/Month/Year)

Diver Accident Insurance? Yes No Policy No.: _____