## PADI LIABILITY RELEASE AND ASSUMPTION OF RISK FOR SUPERVISION OF CERTIFIED DIVERS

			I hereby affirm that I am a certified so	cuba diver or a student diver under the control	
PLEASE READ CAREFULLY BEFORE SIGNING.			supervision of a certified scuba instructor, and that I thoroughly understand the hazards of scuba diving including thos occurring during boat travel to and from the dive site (hereinafter collectively referred to as "Excursion").  I understand that these inherent risks include, but are not limited to, drowning, air expansion injuries, decompression embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on ing cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the se which can result in serious injury or death. I understand the Excursion will be conducted at a site that is remote, either distance or both, from a recompression chamber and emergency medical facilities. I still choose to proceed with the E By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in such a boat trip and scuba dive(s), whether conducted as a recreational dive or part of a diving class.		
THIS IS A RELEASE OF YOUR RIGHTS TO SUE,					
AND THEIR EMPLOYEES, AGENTS, AND ASSIGNS (HEREIN AFTER "RELEASED PARTIES") FOR PERSONAL INJURIES OR WRONGFUL DEATH THAT MAY OCCUR DURING DIVE ACTIVITIES AS A RESULT OF THE INHERENT RISKS ASSOCIATED WITH SCUBA DIVING OR AS A RESULT OF THE NEGLIGENCE OF THE RELEASED PARTIES.					
1.	I acknowledge that I am a certified scuba diver trained in safe diving practices.  I am aware of the risks inherent in this sport and accept these risks.  I am in good mental and physical fitness for diving, and 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 affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.  I am aware of the dangers of breath holding while scuba diving, and I will not hold the Released Parties and related entities (such as employees, instructors, certified assistants, boat operators, or diver training agencies) responsible if I am injured doing so.		I understand and agree that neither the divemaster/dive supervisor/instructor; nor the crew or owner of the vessel; nor itself; nor PADI Americas, Inc., nor its affiliate or subsidiary corporations; nor the owners, officers, employees, agents, tors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or rest any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including leased Parties, whether passive or active.  I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcoldrugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approve while under the influence of the medication/drugs. I understand that skin and scuba diving are physically strenuous active.		
2.					
3.					
4.					
5.	· · · · · · · · · · · · · · · · · · ·	e diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations r conditions. I will not hold the Released Parties responsible for my failure to safely plan my dive.		and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperodrowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Release Part	
6.	I will inspect all of my equipment prior to the activity and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.  I acknowledge that I am physically fit to scuba dive, and I will not hold the Released Parties responsible if I am injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.  I understand that even though I follow all of the appropriate dive practices, there is still some risk of my sustaining decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries.  I expressly assume the risk and accept all responsibility to plan my dive and dive my plan.  I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold Released Parties responsible for the same.  I understand that on this open-water diving trip, I will be at a remote site and that there will not be immediate medical care or hyberbaric care available to me, and I expressly assume the risk of diving in such a remote spot.		I am aware that safe dive practices suggest diving with a buddy. Accordingly, it will be our responsibility to plan our divided for our diving limitations and the prevailing water conditions and environment. I will not hold the Released Parties responsibility to safely plan my dive, dive my plan, maintain buddy contact and follow the instructions of the dive supervision crew, including the dive briefing.  I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and will notify the Released Parties my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment to diving.  I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed the ment of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if an of this Agreement if found to be unenforceable or invalid, that provision shall be severed from this Agreement. The rer this Agreement will then be construed as though the unenforceable provision had never been contained herein.  I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs,		
7.					
8.					
9.					
10.					
11.					
12.	Diver's Name and,			or beneficiaries my have to sue the Release Parties resulting from my death. I further represent that I have the author so and my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to leased Parties.	
	and, AND ALL RELATED ENTITIES AS DEFINED ABOVE FROM		I,, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABO		
	ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONG CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND REIGHALF OF MYSELF AND MY HEIRS.	PARTIES.	ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIGOR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIST OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BEHALF OF MYSELF AND MY HEIRS.	MITED TO, PRODUCT LIABILITY OR THE NEG FULLY INFORMED MYSELF AND MY HEIRS O	
			Participant's Signature	Date (Day/Month/Year)	
<del>899) (1 (1 - 11</del>	Signature of Diver	Date	Signature of Parent or Guardian (where applicable)	Date (Day/Month/Year)	
	Signature of Parent or Guardian (Where Applicable)	Date	Diver Accident Insurance?	ber	

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## **BOAT TRAVEL AND SCUBA DIVING LIABILITY** RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing

riease read carefully and fill	ill all blatiks before signing.	
I,, hereby affirm that I am a cer	tified scuba diver or a student diver under the control and	
supervision of a certified scuba instructor, and that I thoroughly used the control occurring during boat travel to and from the dive site (hereinafter		
I understand that these inherent risks include, but are not limited embolism, or other hyperbaric injuries that require treatment in a ing cut or struck by a boat while in the water, injuries occurring which can result in serious injury or death. I understand the Excudistance or both, from a recompression chamber and emergency By signing this Agreement, I certify that I am fully aware of and exact a boat trip and scuba dive(s), whether conducted as a recreation.	recompression chamber; slipping or falling while on board, be- while getting on or off a boat, and other perils of the sea; all of cursion will be conducted at a site that is remote, either by time or by medical facilities. I still choose to proceed with the Excursion. Expressly assume these and all other risks involved in making	
I understand and agree that neither the divernaster/dive supervisitself; nor PADI Americas, Inc., nor its affiliate or subsidiary corporators or assigns of the above listed individuals and/or entities (her any way for any personal injury, property damage, wrongful deat that may occur as a result of my participation in this Excursion, of leased Parties, whether passive or active.	reinafter "Released Parties") may be held liable or responsible in th or other damages to me or my family, estate, heirs or assigns	
affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or ardrugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to diverwhile under the influence of the medication/drugs. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this Excursion, and that if I am injured as a result of heart attack, panic, hyperventilation or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Release Parties responsible for the same.		
I am aware that safe dive practices suggest diving with a buddy. for our diving limitations and the prevailing water conditions and my failure to safely plan my dive, dive my plan, maintain buddy crew, including the dive briefing.	environment. I will not hold the Released Parties responsible for	
I affirm it is my responsibility to inspect all of my equipment prior my equipment is not working properly. I will not hold the Release prior to diving.	5	
I further state that I am of lawful age and legally competent to signly my parent or guardian. I understand the terms herein are contract ment of my own free act and with the knowledge that I hereby ago of this Agreement if found to be unenforceable or invalid, that protein agreement will then be construed as though the unenforceable.	ctual and not a mere recital, and that I have signed this Agree- gree to waive my legal rights. I further agree that if any provision ovision shall be severed from this Agreement. The remainder of	
I understand and agree that I am not only giving up my right to so or beneficiaries my have to sue the Release Parties resulting fro so and my heirs, assigns and beneficiaries will be estopped from leased Parties.	m my death. I further represent that I have the authority to do	
	IT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED	
ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESION OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF BEHALF OF MYSELF AND MY HEIRS.	NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE	
Participant's Signature	Date (Day/Month/Year)	

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