



SUPPLIED AIR SNORKELLING STATEMENT OF RISKS AND LIABILITY

(PADI International Ltd)

PADI International Ltd. – Unit 7, St Philips Central, Albert Road, St Philips, Bristol BS2 0PD, United Kingdom

Participant Record (Confidential Information)

Name _____

Mailing Address _____

City _____

State/Province _____ Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Birth Date _____ Age _____

Please read carefully and fill in all blanks before signing.

This is a statement in which you are informed of the risks of supplied air snorkelling. The statement also sets out the circumstances in which you participate in the supplied air snorkelling 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 dive professional/guide. If you are a minor, this form must also be signed by a parent or guardian.

WARNING

Supplied air snorkelling has inherent risks which may result in serious injury or death.

Supplied air snorkelling is a physically strenuous activity and you will be exerting yourself during this experience. You must advise truthfully and fully inform the dive professional/guide and the facility through which this experience is offered of your medical history.

EXCLUSION OF LIABILITY

Past or present medical conditions may be contraindicative to my participation in the experience. 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.

Neither the dive professional/guide, _____, the facility through which this experience is offered, _____, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professional/guide _____, the facility through which this experience is offered, _____, PADI International Ltd., and International PADI, Inc., your participation in this supplied air snorkelling experience is entirely at your 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)