

Statement of Risk and Liability/Non-agency Acknowledgment Form **DIVER ACTIVITIES**

(EU Version)

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

Statement of Risk and Liability

This is a statement in which you, the certified diver, or a student diver under the control and supervision of a certified scuba instructor, are informed that skin diving, freediving and scuba diving have inherent risks, including those risks associated with boat travel to and from the dive site. 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, read and understood 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 you should discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

Warning

Skin diving, freediving and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; inlcuding by not limited to, decompression sickness, embolism or other hyperbaric injury, that can occur that require treatment in a recompression chamber. Scuba diving with oxygen enriched air ("Enriched Air") or other gas blends including oxygen involves inherent risks; including but not limited to, oxygen toxicity and/or improper mixtures of breathing gas. Risks also include slipping or falling while on board a boat, if one is used, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. 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 diving, freediving 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, you affirm that you have seen a physician and have approval to dive under the influence of the medications/drugs. You must 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.

If diving from a boat, you must be present at and attentive to the briefing given by the boat crew. If there is anything you do not understand you will notify the boat crew or captain immediately.

You must follow safe dive practices and plan dives as no-decompression dives and within parameters that allow a safety stop before ascending to the surface, arriving on board the vessel with gas remaining in your cylinder as a measure of safety. If distressed on the surface, you must immediately drop your weights and inflate your BCD (orally or with the low pressure inflator) to establish buoyancy on the surface.

If a Guide is present to assist during the dive, and you choose to dive with the Guide, it is your responsibility to stay in proximity to the Guide during the dive.

Acceptance of Risk

| I understand and agree that neither the dive professionals conducting this program, | | instructor(s) | , nor |
|---|-------------------------------|---------------------------------|-------------|
| the facility through which this program is conducted, | store/resort | , nor PADI EME | A Ltd., nor |
| PADI Americas, Inc. nor their affiliate or subsidiary corporations, no | or any of their respective en | nployees, officers, agents, con | tractors or |
| assigns accept any responsibility for any death, injury or other loss | suffered by me to the exten | nt that it results from my own | conduct or |
| any matter or condition under my control that amounts to my of | own contributory negligen | ce. | |



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| In the absence of any negligence or other breach of duty by | ucting this program,instructor(s) | instructor(s) | |
|---|--|--|-----|
| the facility through which this program is offered, and all parties referred to above, my participation in this divir | store/resort ng program is entirely at my | , PADI EMEA Ltd., PADI Americas, II v own risk. | nc. |
| I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFO | | | ŹΝΕ |
| I acknowledge and agree that this Diver Activities form will b freediving or scuba diving activities in which I participate with | | | ing |
| Participant Name (PLEASE P | RINT) | | |
| Participant Signature | | Date (Day/Month/Year) | |
| Signature of Parent of Guardian (where applicable) | | Date (Day/Month/Year) | |
| Diver Accident Insurance? □ NO □ YES | Policy Number | | |