

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

Discover Snorkeling and Skin Diving

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

any individual PAE various PADI Trade its parent, subsidia and are neither ow is not responsible conduct of PADI pehalf of myself, neek to hold PADI	agree that PADI Members ("Mem DI Instructors and Divemasters as emarks and to conduct PADI train ary and affiliated corporations ("Pa yned nor operated by PADI, and the for, nor does it have the right to corograms and supervision of divers my heirs and my estate that in the liable for the actions, inactions or didivemasters associated with the	ssociated with the program ning, but are not agents, em ADI"). I further understand nat while PADI establishes to control, the operation of the s by the Members or their a e event of an injury or death negligence of	in which I am participating ployees or franchisees of PA that Member business activities standards for PADI diver Members' business activities ssociated staff. I further under during this activity, neither	, are licensed to use ADI Americas, Inc, or ties are independent, training programs, it is and the day-to-day erstand and agree on I nor my estate shall
	Liability Release	and Assumption of	Risk Agreement	
I, risks which may re	participant name esult in serious injury or death.	hereby aff	irm that I am aware that skir	ı diving has inherent
I understand and a	agree that neither my guide(s)/insi	tructor(s), nor the facility th	rough which this program is	offered,
held liable or resp	tive employees, officers, agents, onsible in any way for any injury, f my participation in this program	contractors or assigns (here death or other damages to	me, my family, estate, heirs	ed Parties"), may be or assigns that may
	f being allowed to participate in t seen, that may befall me while I a			nis program whether
	kempt and hold harmless said progrising out of my enrollment and p	_	-	ne, my family, estate,
and that if I am inj	norkeling and skin diving are physi ured as a result of heart attack, pa uries and that I will not hold the R	anic, hyperventilation, drow	ning or any other cause, tha	
not currently suffe or fainting, or a his	past or present medical conditions ring from a cold or congestion or l story of heart condition (e.g. card ory problems such as emphysema	have an ear infection. I affirn liovascular disease, angina,	n that I do not have a history (heart attack). I further affirm	of seizures, dizziness n that I do not have a

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

a warning about any impairment of my physical or mental abilities.



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beneficiaries may have to sue the Released Parties resulti	ight to sue the Released Parties but also any rights my heirs, assigns, or ng from my death. I further represent I have the authority to do so and that claiming otherwise because of my representations to the Released Parties.
AGREE TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRU	
OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING WHETHER PASSIVE OR ACTIVE.	SIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES,
	CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLDGEMENT ON OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW
Participant's Signature	Date (Day/Month/Year)
Signature of Parent or Guardian (where applicable)	Date (Day/Month/Year)