

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

GENERAL TRAINING

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	icipating, are licensed to use various PADI Trademarks and to conduct PADI its parent, subsidiary and affiliated corporations ("PADI"). I further understand perated by PADI, and that while PADI establishes the standards for PADI diver I, the operation of the Members' business activities and the day-to-day conduct ed staff. I further understand and agree on behalf of myself, my heirs and my a estate shall seek to hold PADI liable for the actions, inactions or negligence of
Liability Release and Assu	mption of Risk Agreement
I,, hereby affirm that I am a injury or death.	aware that skin and scuba diving have inherent risks which may result in serious
I understand that diving with compressed air involves certain inherent risks; inclinair expansion injury that require treatment in a recompression chamber. I further for certification may be conducted at a site that is remote, either by time or distat such instructional dives in spite of the possible absence of a recompression chamber.	understand that the open water diving trips which are necessary for training and nce or both, from such a recompression chamber. I still choose to proceed with
I understand and agree that neither my instructor(s),	at may occur as a result of my participation in this diving program or as a result
In consideration of being allowed to participate in this course (and optional Adverisks of this program, whether foreseen or unforeseen, that may befall me while confined water and/or open water activities.	
I further release, exempt and hold harmless said program and Released Parties of my enrollment and participation in this program including both claims arising	
I also understand that skin diving and scuba diving are physically strenuous ac injured as a result of heart attack, panic, hyperventilation, drowning or any othe the Released Parties responsible for the same.	
I further state that I am of lawful age and legally competent to sign this liability understand the terms herein are contractual and not a mere recital, and that I havagree to waive my legal rights. I further agree that if any provision of this Agreem this Agreement. The remainder of this Agreement will then be construed as thou	e signed this Agreement of my own free act and with the knowledge that I hereby nent is found to be unenforceable or invalid, that provision shall be severed from
I understand and agree that I am not only giving up my right to sue the Released the Released Parties resulting from my death. I further represent I have the auth claiming otherwise because of my representations to the Released Parties.	
instructor(s)	
INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PA	,
I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY REA HEIRS.	
Participant Signature	Date (Day/Month/Year)
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)