

SCUBA FUN

Explore, Conserve & Rebuild the ocean with us...

Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form PADI SNORKEL GUIDE PROGRAM

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 _____ Store/Resort _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ Store/Resort _____ and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ Candidate Name _____, hereby affirm that I am aware that snorkeling and skin diving have inherent risks which may result in serious injury or death.

I understand that snorkeling and skin diving are physically strenuous activities, and that I will be exerting myself during this program. I agree to advise truthfully and fully inform the dive professional and the facility through which this program is offered of my medical history. I understand that past or present medical conditions may be contraindicated to my participation in this program. 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.

I acknowledge that this training may take place at a site that is remote, either by time or distance or both, from professional medical care. I still choose to proceed with this training in spite of the possible absence of a professional medical care in proximity to the dive site.

I acknowledge that if my training is conducted from a boat, the potential risks include slipping or falling while onboard the boat, being cut or struck by a boat while in the water, injuries occurring while getting on or off the boat, and other perils of the sea.

I understand and agree that neither my instructor(s), the facility through which I receive my instruction, _____ Store/Resort _____, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties,") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course, I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including all risks connected therewith, whether foreseen or unforeseen.

I further release, exempt and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification.

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.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.



SCUBAFUN PERSONAL SPORT COACHING SERVICES LICENSE No. 1409012
Landline: 04-2405389 Mobile: 050-2755190 Email: Rjscubafunae@gmail.com



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I, _____, Candidate Name, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____, Store/Resort, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Candidate Name (PLEASE PRINT)

Candidate Signature

Date (Day/Month/Year)



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