

Statement of Risk and Liability/ Non-agency Acknowledgment Form PADI SNORKEL GUIDE PROGRAMME

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 EMEA Ltd., 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.

Statement of Risk and Liability

This is a statement in which you are informed of the risks of snorkeling and skin diving. The statement also sets out the circumstances in which you participate in the PADI Snorkel Guide programme 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 course instructor.

WARNING:

Snorkeling and skin diving have inherent risks which may result in serious injury or death.

Snorkeling and skin diving are physically strenuous activities and you will be exerting yourself during this programme. You must advise truthfully and fully inform the dive professional and the facility through which this programme is offered of your medical history. Past or present medical conditions may be contraindicative to your participation in this programme.

Your snorkel guide training may be conducted at a site that is remote, either by time or distance or both, from professional medical care. If your snorkel guide training is conducted from a boat, there are potential risks for slipping or falling onboard the boat, 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.

Acceptance of Risk

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 understand and agree that neither the dive professionals conducting this programme, _____ Instructor(s), nor the facility through which this programme is conducted, _____ Store/Resort, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme,

_____ Instructor(s), the facility through which this programme is offered, _____ Store/Resort, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

Candidate Name (PLEASE PRINT)

Candidate Signature

Date (Day/Month/Year)

