

### 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**

I understand and agree that PADI Members ("Members"), including
Liability Release and Assumption of Risk Agreement
I, hereby affirm that I am aware that skin diving has inherent risks which may result in serious injury or death.
I understand and agree that neither my guide(s)/instructor(s), nor the facility through which this program is offered,
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 ma occur as a result of my participation in this 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 program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.
I further release, exempt and hold harmless said program 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 program.
I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assum the risk of said injuries and that I will not hold the Released Parties responsible for the same.
I understand that past or present medical conditions may be contraindicative to my participation in the program. I affirm that I an not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizzines or fainting, or a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I do not have history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carrie a warning about any impairment of my physical or mental abilities.

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.



Signature of Parent or Guardian (where applicable)

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Date (Day/Month/Year)