



**DISCOVER SNORKELLING/SKIN DIVING  
STATEMENT OF RISKS AND LIABILITY  
(PADI International Ltd)**

**PADI International Ltd. – Unit 7, St Philips Central, Albert Road, St Philips, Bristol BS2 0PD, United Kingdom**

**Participant Record (Confidential Information)**

Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Please read carefully and fill in all blanks before signing.**

This is a statement in which you are informed of the risks of snorkelling and skin diving. The statement also sets out the circumstances in which you participate in the snorkelling/skin diving experience 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 dive professional. If you are a minor, this form must also be signed by a parent or guardian.

**WARNING**

Snorkelling and skin diving have inherent risks which may result in serious injury or death. Snorkelling and skin diving are physically strenuous activities and you will be exerting yourself during this experience. You must advise truthfully and fully inform the dive professional and the facility through which this experience is offered of your medical history.

**EXCLUSION OF LIABILITY**

Past or present medical conditions may be contraindicative to my participation in the experience. 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.

Neither the dive professional/guide, \_\_\_\_\_, the facility through which this experience is offered, \_\_\_\_\_, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professional \_\_\_\_\_, the facility through which this experience is offered, \_\_\_\_\_, PADI International Ltd., and International PADI, Inc., your participation in this snorkelling/skin diving experience is entirely at your own risk.

I acknowledge receipt of this statement and have read all of the terms before signing this statement.

-----  
 Participant Name (Please Print)

-----  
 Participant Signature \_\_\_\_\_ Date (Day/Month/Year) \_\_\_\_\_

-----  
 Signature of Parent/Guardian (where applicable) \_\_\_\_\_ Date (Day/Month/Year) \_\_\_\_\_