

Please read carefully and fill in all blanks before signing.

Your signature on this statement is required as proof that you have received the equipment stated below and read the terms of this agreement. It is important that you read the contents of this agreement before signing it. If you do not understand anything contained in this agreement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

THIS AGREEMENT is entered into between		and
_	(Dive Centre / Resort Name)	_
	, hereinafter "RENTOR", for the rental of scuba	and/or skin
(Customer/Rentor)		
diving equipment.		

Name:	Date Rented Due Date
Address:	Date Returned Received by
	I/D No
Phone ()	I/D Type
Email	Equipment prepared by
Local Address:	
Local Phone: ()	(Dive Centre / Resort Employee)
Certification Level Date	Certification # Agency

RENTOR acknowledges receipt of the equipment set out in this form.

EXCLUSION OF LIABILITY

Neither		,	,
	(Dive Centre/Resort s	staff members)	
the facility through which this equi	pment is provided,		,
	• •	(Dive Centre/Resort Nar	ne)

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, including failure to use the equipment in accordance with instructions, as a result of rental and/or use of the equipment.

In the absence of any negligence or other breach of duty by the staff member(s), the facility through which this equipment is provided (as named in the paragraph above), PADI International Ltd., or International PADI, Inc., the rental and/or use of the equipment is entirely at your own risk.

Neither the staff member(s), the facility through which this equipment is provided (as named in the paragraph above), PADI International Ltd., or International PADI, Inc., accept any liability for latent defects in the equipment of which they could not be reasonable be aware.

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)

PRODUCT NO. 10087UK (Rev. 6/07) Version 1.0

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SCHEDULE OF EQUIPMENT RENTED

QTY	ITEM	SERIAL #	SIZE	DAILY RATE	AMOUNT	QTY	ITEM	SERIAL #	SIZE	DAILY RATE	AMOUNT
	Cylinder(s)						Mask				
	Regulator						w/snorkel				
	w/SPG					i 1 1 1	Fins				
	w/console						Boots				
	w/computer					1 1 1 1	Gloves				
	BCD						Weight Belt				
	Exposure suit one piece						Weights		kg/lbs		
	Jacket					 	Light				
	Pants						Other				
	dry suit										
	Hood										
					SUBTOTAL £						

TOTAL DAYS	TOTAL PER DAY	TOTAL DUE	RETURN DEPOSIT £
	£	£	CREDIT CARD CASH

PARTICIPANT NAME _____

(Please Print)

Participant's Signature

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)

Date (Day/Month/Year)

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