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STATEMENT OF RISK AND LIABILITY (EU Version)

Please read carefully and fill in all blanks before signing.

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

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips that are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

ACCEPTANCE OF RISK

I understand and agree that neither the dive professionals conducting this programme, _____, nor the facility through which this programme is conducted, _____, nor PADI EMEA Ltd., nor PADI Americas, Inc., PADI Worldwide Corp. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents 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, _____, the facility through which this programme is offered, _____, PADI EMEA Ltd., PADI Americas, Inc., PADI Worldwide Corp., and all parties referred to above, my participation in this diving programme is entirely at my 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)