



**Statement of Risk and Liability/Non-agency
Acknowledgment Form**
Discover Snorkelling and Skin Diving (EU Version)

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 OCEAN VIEW DIVING SERVICES 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 snorkelling and skin diving. The statement also sets out the circumstances in which you participate in the snorkelling/skin 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

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 programme. You must advise truthfully and fully inform the dive professionals 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 the programme. Cold or congestion, or an ear infection, a history of seizures, dizziness or fainting; a history of heart condition (e.g.: cardiovascular disease, angina, heart attack), a history or respiratory problems such as emphysema or tuberculosis or taking medication that carries a warning about any impairment of your physical or mental abilities, are contradictive to your participation in this programme.

Acceptance of Risk

I understand and agree that neither my Guide(s)/Instructor(s) PROFESSIONAL STAFF, nor the facility through which this programme is conducted, OCEAN VIEW DIVING SERVICES, 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 Guide(s)/Instructor(s) conducting this programme, PROFESSIONAL STAFF, the facility through which this programme is offered, OCEAN VIEW DIVING SERVICES, PADI EMEA Ltd., PADI Americas, Inc., PADI Worldwide Corp. and all parties referred to above, my participation in this snorkeling or skin 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

Participant Name (Please Print)

Participant Signature

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)