Discover Scuba Diving Statement (PADI International Ltd.)

Participant Information (Please Print) Mailing Address Post Code /Zip _____ Country ____ Phone (_____) _____ Work Phone (_____) ____ IN CASE OF EMERGENCY, CONTACT Name ______ Relationship _____ Phone (_____) ____ PADI EXPERIENCE PROGRAMMES CERTIFICATE OF UNDERSTANDING AND EXPRESS ASSUMPTION OF RISK 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 course 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. It is important that you do not fly immediately after scuba diving. Your Instructor will provide you with the current flying after diving guidelines. Open water diving trips which 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 course. You must advise truthfully and fully inform the instructor(s) and the facility through which this training is offered of your medical history. **EXCLUSION OF LIABILITY** Neither the Instructor(s), _____ the facility through which this training 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 _, the facility through which this training is offered, PADI International Ltd., and International PADI, Inc., your participation in this diving course is entirely at your own risk. I acknowledge receipt of this Statement and have read all of the terms before signing this Statement. Signature of Participant Signature of Parent or Guardian (where applicable) PADI EXPERIENCE PROGRAMMES - MEDICAL STATEMENT Please read carefully before signing. (Confidential Information)

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the PADI Experience Programmes. Your signature on this statement is required in order to participate in the PADI Experience Programme(s) offered by (Instructor),

and	(facility), located in the city of
-	, and the state/country of
Otatement	atement prior to signing it. You must complete this PADI Experience Programmes Medical Questionnaire, which includes the medical history section, to enrol in the PADI Experience Programmes. If you are In must have this PADI Experience Programmes Medical Statement/Questionnaire signed by a parent or guardian
overweight of must be in go congestion, e	g is an exciting and demanding activity. When performed correctly, applying correct techniques, it is safe. When safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems cod health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If ation, consult your doctor before participating in this programme.
wiritigi illipio	need to learn from the instructor the important safety rules regarding breathing and equalisation while scuba per use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use ect supervision of a qualified instructor to use it safely.
MEDICAL HI	STORY/QUESTIONNAIRE
To the Partici	pant:
	of this medical history questionnaire is to find out if you should be examined by a doctor before participating in scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive ans that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of
diving. Your in	er the following questions on your past and present medical history with a YES or NO. If you are not sure, answer f these items apply to you, we must request that you consult with a physician prior to participating in scuba nstructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical o take to a physician.
	you currently have an ear infection?
Do y	you have a history of ear disease, hearing loss or problems with balance?
Do y	/ou have a history of ear or sinus surgery?
Are	you currently suffering from a cold, congestion, sinusitis or bronchitis?
Do y	ou have a history of respiratory problems, severe attack of hayfever or allergies, or lung disease?
navi	e you had a collapsed lung (pneumothorax) or history of chest surgery?
D0 y	ou have active asthma or history of emphysema or tuberculosis?
imne	you currently taking medication that carries a warning about any airment of your physical or mental abilities?
Do y	rou have behavioural health problems or a nervous system disorder?
Are v	you or could you be pregnant?
Do y	ou have a history of colostomy?
Do y	ou have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
Are y Do y Do y Do y	ou have a history of high blood pressure, angina, or take medication to control blood pressure
Are y	ou over 45 and have a family history of heart attack or stroke?
Do yo	ou have a history of bleeding or other blood disorders?
	ou have a history of diabetes?
Do yo them	ou have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent?
Do yo	ou have a history of back, arm or leg problems following an injury, fracture or surgery?
Do yo	ou have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?
he information	I have provided about my medical history is accurate to the best of my knowledge.
articipant Sign	ature Day/Month/Year
	Date
arent/Guardiar	n Signature (where applicable) Day/Month/Year

Day/Month/Year