

PADI Discover Scuba/Discover Scuba Diving Statement

Return to PADI for Instructor Credit.

Photocopy may be used as student referral. Valid for 12 months from completion date.

Experience Programs Participant Information (Please Print)

Name _____
First Middle Initial Last

Mailing Address _____

City _____ State _____ Postal/Zip _____

Country _____ Phone (_____) _____

Work Phone (_____) _____ Email _____ Birthdate _____
Day/Month/Year

IN CASE OF EMERGENCY, CONTACT

Name _____

Relationship _____ Phone (_____) _____

Discover Scuba

Discover Scuba Diving

This experience may count as credit for future PADI dive programs. Ask your instructor for details.

PADI Discover Scuba Diving

PADI Instructor Statement: This participant has completed all three phases of the PADI Discover Scuba Diving program (Instr. Presentation, Water Skills Intro and Development and Initial OW Dive as outlined in the DSD Section of the Experience Program Guide in the PADI Instructor Manual.

Instructor Name (print) First Middle Initial Last _____

For Instructor Student Credit (please complete):
 I verify that I personally completed all three phases of the DSD program for this participant.

Instructor Signature _____
 Date _____

PADI Discover Scuba _____
Day/Month/Year

PADI Instructor Statement: This participant has completed all the skills and training from Confined Water Dive One of the PADI OW Diver course.

Instructor Name (print) First Middle Initial Last _____

PADI Instr. No. _____ DC/Resort No. _____

Instructor Signature _____

Date _____
Day/Month/Year

PADI EXPERIENCE PROGRAMS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Please read carefully before signing.

I, (Participant Name) _____, understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water dive(s), which are a part of the Experience Programs, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s) _____, the facility through which I receive my instruction _____,

nor International PADI, Inc., nor its subsidiary or affiliate corporations, nor any of their respective employees, officers, agents or assigns, (hereinafter referred to as 'Released Parties') may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to enroll in this program, I hereby save and hold harmless said program and, I personally assume all risks in connection with said program, for any harm, injury or damage that may befall me while I am enrolled as a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving program, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.

I understand that the PADI Experience Programs are designed to provide me with an introduction to scuba diving. The programs are not intended to train me as a competent diver. I further understand and agree that I must be thoroughly instructed in the use of scuba in a certification course under the direct supervision of a qualified instructor to become a certified, competent diver.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

IT IS THE INTENTION OF (Participant Name) _____ BY THIS INSTRUMENT TO

EXEMPT AND RELEASE MY INSTRUCTOR(S) _____, THE FACILITY THROUGH WHICH I

RECEIVED MY INSTRUCTION _____, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR

PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWSOEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I ACKNOWLEDGE THAT I HAVE SO READ AND UNDERSTAND THE PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT CAREFULLY. I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Participant _____ Date _____
Day/Month/Year

Signature of Parent or Guardian (where applicable) _____ Date _____
Day/Month/Year

PADI EXPERIENCE PROGRAMS 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 Programs. Your signature on this statement is required in order to participate in the PADI Experience Programs program offered by _____

_____ (instructor), and _____ (facility),

located in the city of _____ and the state/country of _____.

Read this statement prior to signing it. You must complete this PADI Experience Programs Medical Statement/Questionnaire, which includes the medical history section, to enroll in the PADI Experience Programs. If you are a minor, you must have this PADI Experience Programs Medical Statement/Questionnaire signed by a parent or guardian.

Scuba diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is

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