

WAIVER, RELEASE AND INDEMNITY

I am aware that scuba diving instruction and diving are hazardous activities, and I am voluntarily participating in these activities with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

I understand that by signing this document, I am releasing any claims which I may have, and indemnify and hold harmless, PADI, and MARINE PRODUCT and their parents, subsidiaries, affiliates, and their officers, directors, agents, and employees from any liability for personal injury, property damage, and/or wrongful death arising from my participation in the scuba activities that I wish to engage in. I further understand that diving with compressed air involves certain risks, and injuries can occur which require treatment in a recompression chamber. I further understand that the open water diving trips may be conducted at a site that is remote either by time or distance, or both, from such a recompression chamber, and nonetheless agree to proceed with such dives. I hereby personally assume all risk in connection with said activity. For any harm, injury, or damage, which may befall me as a result of my participation in the activity, whether foreseen or unforeseen, and I still wish to proceed with the activity in spite of the possible absence of a recompression chamber in proximity to the dive site.

Medical Statement and History

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 coronary disease, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive.

Please answer the following questions on your past or present medical history with a **YES** or **NO**.

- | | |
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| <input type="checkbox"/> Do you regularly take prescription medications? | <input type="checkbox"/> History of high blood pressure or take medicine to control blood pressure? |
| <input type="checkbox"/> Do you currently suffer from a cold or congestion? | <input type="checkbox"/> History of diabetes? |
| <input type="checkbox"/> Are you pregnant? | <input type="checkbox"/> History of any heart disease? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> History of heart attacks? |
| <input type="checkbox"/> Frequent of severe attacks of hay fever or allergy? | <input type="checkbox"/> Angina or heart surgery or blood vessel surgery? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> History of ear or sinus surgery? |
| <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> History of ear disease, hearing loss or problems with balance? |
| <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> History of bleeding or other blood disorders? |
| <input type="checkbox"/> History of chest surgery? | <input type="checkbox"/> History of ulcers or ulcer surgery? |
| <input type="checkbox"/> Claustrophobia or agoraphobia (fear of closed or open spaces)? | <input type="checkbox"/> History of back surgery? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medicine to prevent them? | <input type="checkbox"/> History of recurrent back problem? |
| <input type="checkbox"/> Recurring migraine headaches or take medicine to prevent them? | <input type="checkbox"/> History of back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> History of blackouts or fainting? | <input type="checkbox"/> History of drug or alcohol abuse? |
| <input type="checkbox"/> History of diving accidents or decompression sickness | <input type="checkbox"/> Behavioral Health Problems? |
| <input type="checkbox"/> Unable to perform moderate exercise (example: run up a flight of stairs)? | <input type="checkbox"/> History of colostomy? |

◆ Please accept the following mentioned conditions before your diving.

1. I am presently in healthy condition, and having no problem to do diving. In case if I became feel bad, then I inform of instructor.
2. I follow the briefing, and I precaution instructions from the diving instructor, and I avoid any selfish behaviors.
3. I keep follow the related laws, regulations and rules at diving points.
4. I keep follow the buddy system during the diving.
5. I understand "PADI Standard Safe Diving Practices Statement of Understanding" and participate after having agreed.

I have read this form and fully understand that SCUBA is a hazardous sport and that by signing this form I am giving up legal rights that I have. The information I have provided is accurate to the best of my knowledge.

(Under the age of 20, the signature of a parent or guardian is required.)

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____