

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

Instructors and Divemasters associated with the program in wh training, but are not agents, employees or franchisees of PADI Am that Member business activities are independent, and are neither training programs, it is not responsible for, nor does it have the r of PADI programs and supervision of divers by the Members or	cluding and/or a nich I am participating, are licensed to use various PADI Trademarks an nericas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). It owned nor operated by PADI, and that while PADI establishes the standing to control, the operation of the Members' business activities and the their associated staff. I further understand and agree on behalf of mysel either I nor my estate shall seek to hold PADI liable for the actions, inaction diversals associated with the activity.	nd to conduct PADI I further understand ards for PADI diver day-to-day conduct f, my heirs and my
Liability Release a	and Assumption of Risk Agreement	
I,, hereby affinjury or death.	firm that I am aware that skin and scuba diving have inherent risks which m	nay result in serious
air expansion injury that require treatment in a recompression char	rent risks; including but not limited to decompression sickness, embolism of mber. I further understand that the open water diving trips which are necess y time or distance or both, from such a recompression chamber. I still cho mpression chamber in proximity to the dive site.	sary for training and
I understand and agree that neither my instructor(s),	nor PADI Americas, Inc., nor its affiliate and subsidiary corposis (hereinafter referred to as "Released Parties") may be held liable or resport or assigns that may occur as a result of my participation in this diving proether passive or active.	which I receive my prations, nor any of nsible in any way for ogram or as a result
	optional Adventure Dive), hereinafter referred to as "program," I hereby pe pefall me while I am a participant in this program including, but not limited	
	eased Parties from any claim or lawsuit by me, my family, estate, heirs or claims arising during the program or after I receive my certification.	assigns, arising out
	y strenuous activities and that I will be exerting myself during this prograng or any other cause, that I expressly assume the risk of said injuries and	
understand the terms herein are contractual and not a mere recital, agree to waive my legal rights. I further agree that if any provision	on this liability release, or that I have acquired the written consent of my p , and that I have signed this Agreement of my own free act and with the know of this Agreement is found to be unenforceable or invalid, that provision sh strued as though the unenforceable provision had never been contained he	wledge that I hereby nall be severed from
I understand and agree that I am not only giving up my right to su the Released Parties resulting from my death. I further represent I claiming otherwise because of my representations to the Released	ue the Released Parties but also any rights my heirs, assigns, or beneficiaril have the authority to do so and that my heirs, assigns, or beneficiaries will Parties.	ies may have to sue ill be estopped from
instructor(s)	, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE N , THE FACILITY THROUGH WHICH I RECEIVE M' , AND PADI AMERICAS, INC. AND ALL RELATED ENTITIES AS	Y INSTRUCTION,
FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOI INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE	R PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HORELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.	OWEVER CAUSED,
	ONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLDGEM MENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF N	
Participant Signature	Date (Day/Month/Year)	
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)	