Supplied Air Snorkeling Statement Participant Record (Confidential Information)

Zip/Postal Code
rk Phone ()
wledgment Agreement
and/or any individual PADI Instructors are licensed to use various PADI Trademarks and to conduct PADI Inc, or its parent, subsidiary and affiliated corporations ("PADI"). Individual PADI, and that while PADI insible for, nor does it have the right to control, the operation of the ms and supervision of divers by the Members or their associated by estate that in the event of an injury or death during this activity, ions or negligence of and/
tion of Risk Agreement
, hereby affirm that I am aware of and understand the inherent
through which this activity is offered,
assume all risks in connection with this activity, for any harm, injury ding all risks connected therewith, whether foreseen or unforseen.
rity and that I will be exerting myself during this activity, and that if ssume the risk of said injuries and that I will not hold the Released
ve to my participation in this activity. I affirm that I am not currently lo not have a history of seizures, dizziness or fainting; nor a history her affirm that I do not have a history of respiratory problems such ing medication that carries a warning about any impairment of my
ity release, or that I have acquired the written consent of my parent
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participant name	BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY GUIDE(S)
INSTRUCTOR(S), THE FACILITY THROUGH WHICH THIS ACTIVITY	S OFFERED, store/resort
AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFIN	ED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVEF
FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEAT	H, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLI
GENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVITY	Ī.
I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING BOTH	-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND IS BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.
Signature of Participant	Date (Day/Month/Year)
Signature of Parent/Guardian	Date (Day/Month/Year)