

#### 4. STATEMENT OF UNDERSTANDING AND ASSUMPTION OF RISK AGREEMENT DISCOVER SCUBA DIVING

I, \_\_\_\_\_ hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. In particular, I acknowledge:

1. That diving with compressed air involves certain inherent risks of decompression illness, embolism, and other hyperbaric injuries and that such injuries may result in death or serious disablement.
2. That injuries of the type referred to in Clause 1 above may require treatment in a recompression chamber. That open water diving trips which are part of the Discover Scuba Diving program may be conducted at a site that is remote either by time and/or distance from a recompression chamber. I choose to participate in the Discover Scuba Diving program despite the possible absence of a recompression chamber in proximity to the dive site.
3. That skin diving and scuba diving are physically demanding activities and in susceptible individuals may cause heart attack, panic or hyperventilation.
4. That scuba diving involves the use of equipment that may malfunction giving rise to risk of death or disablement.
5. That skin diving and scuba diving necessarily involve the exposure to the natural elements including but not limited to storm, tempest, wind, tides and marine life. Such exposure brings with it attendant risk of death or disablement.
6. That the Discover Scuba Diving program is designed to provide me with a safe introduction to scuba diving. The program is not intended to train me as a competent diver.
7. I further understand and agree that I must be thoroughly instructed in the use of SCUBA under the direct supervision of a qualified instructor to become a certified, competent diver.
7. In consideration of being allowed to participate in this Discover Scuba Diving program, I hereby personally assume all risks in connection with the said program, for any harm, injury or damage that may befall me while I am participating in this Discover Scuba Diving program, including all risks connected therewith, whether foreseen or unforeseen.
8. The information I have provided about my medical history on the Medical Declaration is accurate to the best of my knowledge and belief. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.
9. I further state that I am of lawful age and legally competent to sign this statement of understanding, or alternatively, the written consent of my parent or legal guardian is provided herewith.
10. In the event that any part of this document is held to be inconsistent with any relevant statute, then the parties agree that the document will be invalid to the extent of that inconsistency only.
11. I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free will.

Participant Signature

Parent/Guardian Signature

Date

#### 5. NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of and/or the instructors \_\_\_\_\_ and Divemasters associated with the activity.

#### LIABILITY RELEASE AND STATEMENT OF INTENTION - DISCOVER SCUBA DIVING

I, the aforementioned, have fully informed myself of the contents of the "Statement of Understanding and Assumption of Risk Agreement" and this "Liability Release" before signing it on behalf of my heirs. I further agree that neither the dive professionals conducting this activity, \_\_\_\_\_, nor the facility through which this activity is conducted, \_\_\_\_\_, nor PADI Asia Pacific Pty Ltd, nor PADI Americas Inc., nor their affiliate or subsidiary corporations, nor any of the their respective employees, officers, or agents or assigns (hereinafter referred to as the "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 Discover Scuba Diving program, whether such injury or damage is foreseen or unforeseen.

I, THE AFOREMENTIONED, BY THIS INSTRUMENT, DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS OFFERED, PADI ASIA PACIFIC PTY LTD, PADI AMERICAS INC., AND ALL RELATED ENTITIES AND ALL RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY AND RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH HOWSOEVER CAUSED, INCLUDING BUT NOT LIMITED TO ANY NEGLIGENT ACT OR OMISSION OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

Participant Signature

Parent/Guardian Signature

Date

The Way the World Learns to Dive®



**PADI**  
padi.com

#### STATEMENT OF UNDERSTANDING AND ASSUMPTION OF RISK AGREEMENT

Read the following questionnaire carefully. This statement, which includes a Medical Declaration, the Discover Scuba Diving Knowledge and Safety Review and a Statement of Understanding and Assumption of Risk Agreement, informs you of some potential risks involved in scuba diving and of the conduct required by you in the PADI Discover Scuba Diving program. Your signature is required to participate in the program. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire, the Discover Scuba Diving Safe Practices and a Liability Release and Assumption of Risk Agreement) signed by your parent or guardian.

You will also need to learn from the instructor the most important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

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# CERTIFICATE OF RECOGNITION

Congratulations on completion of your  
**DISCOVER SCUBA DIVING**  
with

PADI Professional

Date

Ask your instructor how you can receive credit from your Discover Scuba Diving program towards a full PADI Open Water Diver certification. **Visit [padi.com](http://padi.com)**  
Important: This is NOT a Scuba Certification.

**PADI eLearning™**

**Continue your Adventure!**

You can now begin the PADI Open Water Diver course online in the comfort of your own home.

Visit [padi.com/eLearning](http://padi.com/eLearning)

**Keep up to date with ABC Scuba Diving Port Douglas**



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## 1. MEDICAL DECLARATION - PART A

Scuba diving is an exciting and demanding activity. 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 spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or is who under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before taking part in this program.

The purpose of this Medical Declaration is to find out if you should be examined by a physician before participating in recreational diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

**Have you suffered from, or do you now suffer from, any of the following:-**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Asthma or wheezing                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting, seizures or blackouts                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic Bronchitis or persistent chest complaints | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic sinus conditions                          | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest surgery                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent ear problems when flying                | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy  | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes Mellitus (sugar diabetes)                | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis or other long-term lung disease      | <input type="checkbox"/> | <input type="checkbox"/> |
| Brain, spinal cord or nervous disorder            | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart disease of any kind                         | <input type="checkbox"/> | <input type="checkbox"/> |
| Collapsed lung (pneumothorax)                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear surgery                                       | <input type="checkbox"/> | <input type="checkbox"/> |

**Are you currently suffering from:-**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Breathlessness   | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic Ear Discharge or infection   | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| Perforated eardrum   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other illness or operation within the last month   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently taking any medicine or drug (excluding oral contraceptives)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ingested any alcohol within the last 8 hours prior to diving?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you pregnant?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you understand that any concealment of any condition incompatible with safe diving might put your health or life at risk?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you understand that you should not go to altitude (fly) within 12 hours of completing a single dive or 18 hours when doing multiple dives (where possible wait 24 hours)? | <input type="checkbox"/> | <input type="checkbox"/> |

## 2. DISCOVER SCUBA DIVING KNOWLEDGE AND SAFETY REVIEW

To continue with your Discover Scuba Diving experience, you must complete this review under the direction of your PADI Professional before getting in the water.

- |  | True                     | False                    |  | True                     | False                    |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Upon completing this experience, I will be qualified to dive independently.                                   | <input type="checkbox"/> | <input type="checkbox"/> | 6. I should add air to my buoyancy control device (BCD) to float at the surface.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils. | <input type="checkbox"/> | <input type="checkbox"/> | 7. The "caution zone" on my air gauge indicates that I have plenty of air in my tank and that I may continue diving.         | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I should equalize every few feet/one metre while descending.  | <input type="checkbox"/> | <input type="checkbox"/> | 8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If I have discomfort in my ears or sinuses during descent, I should continue downward.                        | <input type="checkbox"/> | <input type="checkbox"/> | 9. I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Underwater, I should breathe slowly, deeply, continuously and never hold my breath.                           | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |

**Participant Statement:** I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

Participant Signature

Parent/Guardian Signature

Date

## 3. PRIVACY

I consent to the collection of the personal data in this form by the independent dive operator running the dive course in which I intend to participate ("Dive Course Operator"), the communication of that personal data to PADI and to its use to satisfy regulatory requirements, PADI standards, insurance requirements and for quality control purposes.

I acknowledge and understand that the medical information provided by me in Part A overleaf will be retained by the Dive Course Operator in accordance with its own privacy policy but may be provided to its insurers, PADI or their insurers or associated entities if required for safety, legal or review reasons. Any information provided to PADI will be held in accordance with its privacy policy, a copy of which can be viewed at [www.padi.com.au](http://www.padi.com.au).

I acknowledge that the personal information provided in Part B overleaf will be provided by the Dive Course Operator to PADI and consent to that information being provided to PADI affiliates within and outside of Australia to enable them to provide me with information on other PADI courses, products and sponsored activities.

Participant Signature

Parent/Guardian Signature

Date

