



## STATEMENT OF RISKS AND LIABILITY FOR DISCOVER TEC DIVING (PADI International Ltd)

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**Please read carefully, fill in all blanks and initial each paragraph before signing.**

This is a statement in which you are informed of the risks of recreational and technical diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor.

I, \_\_\_\_\_, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES AND AM AWARE OF THE INHERENT HAZARDS OF SCUBA DIVING.

\_\_\_\_\_ I further declare that I am thoroughly informed, and completely understand the inherent hazards of simulated Technical Scuba Diving activities, including the risk of serious injury or death. Further, I understand that diving with compressed air and oxygen-enriched air (nitrox) involves certain inherent risks that include but are not limited to: decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries, fire and/or explosion hazards, and barotrauma or hyperbaric injuries which can occur and require treatment in a recompression chamber. I further understand that Technical Scuba Diving activities may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber.

\_\_\_\_\_ I further declare that I understand simulated Technical Scuba Diving involves risks which exceed those encountered in recreational scuba diving. These risks may include but are not limited to: the burden of additional or redundant equipment, including additional tanks; the necessity for computing both nitrogen and oxygen loading to plan dives; and the need for specialized training, equipment, and planning for different types of Technical Scuba Diving. I understand that simulated Technical Scuba Diving may involve a greater risk of serious injury or death than recreational scuba diving.

\_\_\_\_\_ I declare that I am in good mental and physical fitness for diving, that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking any medication, I declare that I have seen a physician and have approval to dive under the conditions of this activity while under the influence of the medication/drugs.

\_\_\_\_\_ I understand that all types of scuba diving, including simulated Technical Diving, are physically strenuous activities and that I will be exerting myself during this activity.

\_\_\_\_\_ I will inspect all of my equipment prior to every use during this activity, ensuring that I have all necessary equipment, and that it is functioning properly.

**- CONTINUED OVERLEAF -**



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## EXCLUSION OF LIABILITY

I understand and agree that neither the dive professionals conducting this programme, \_\_\_\_\_, nor the facility through which this programme is conducted, \_\_\_\_\_, nor PADI International Ltd., nor PADI Americas, Inc., nor Diving Science and Technology Corp., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, \_\_\_\_\_, the facility through which this programme is offered, \_\_\_\_\_, PADI International Ltd., PADI Americas, Inc., Diving Science and Technology Corp., and all related entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Date)