



Supplied Air Snorkeling Statement

Participant Record (Confidential Information)

Please print legibly.

Name _____

Mailing Address _____

City _____

State/Province _____ Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Birth Date _____ Age _____

Supplied Air Snorkeling Liability Release and Assumption of Risk

Please read carefully before signing.

I, (Participant Name) _____, hereby affirm that I have been advised and informed of the inherent hazards of supplied air snorkeling.

I understand and agree that neither my guide(s)/instructor(s), _____, the facility through which this activity is offered, Kids Sea Camp inc. _____, nor International PADI, Inc., nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "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 activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this activity, I personally assume all risks in connection with this activity, for any harm, injury or damage that may befall me while I am a participant in this activity, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that supplied air snorkeling is a physically strenuous activity and that I will be exerting myself during this activity, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in this activity. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting; nor a history of heart condition (e.g.: cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as asthma, emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

IT IS THE INTENTION OF (Participant Name) _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRUCTOR(S), _____, THE FACILITY THROUGH WHICH THIS ACTIVITY IS OFFERED, _____, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Participant

Date (Day/Month/Year)

Signature of Parent/Guardian

Date (Day/Month/Year)

)

PADI® EMERGENCY TREATMENT CONSENT FORM

www.padi.com

I affirm I am the parent and/or legal guardian of _____
NAME OF MINOR

As the parent/guardian, I hereby authorize _____, and/or its
(DIVE CENTER/RESORT/INSTRUCTOR)

agents, employees or assigns, to seek medical treatment for _____,
(MINOR)

as a result of an accident or illness while under the supervision of _____
(DIVE CENTER/RESORT/INSTRUCTOR)

I authorize the treatment of _____, by a qualified and
(MINOR)

licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

I affirm I have read the **Liability Release and Assumption of Risk** form, signed it of my own free will, and understand the legal consequences of signing the document.

I have fully informed myself of the contents of this **Emergency Treatment Consent Form** by reading it before I signed it.

PARENT/GUARDIAN (PLEASE PRINT)

DD / MM / YY

SIGNATURE OF PARENT/GUARDIAN

HOME PHONE

ADDRESS

WORK PHONE

ADDRESS

Specific medical allergies, medicine being taken or other conditions physician should be aware of (if none, please write NONE):

Medical Insurance Company: _____

Policy Number: _____