

PADI Discover Scuba/Discover Scuba Diving Statement

Return to PADI for Instructor Credit.

Photocopy may be used as student referral. Valid for 12 months from completion date.

Experience Programs Participant Information (Please Print)

Name _____
First Middle Initial Last

Mailing Address _____

City _____ State _____ Postal/Zip _____

Country _____ Phone (_____) _____

Work Phone (_____) _____ Email _____ Birthdate _____
Day/Month/Year

IN CASE OF EMERGENCY, CONTACT

Name _____

Relationship _____ Phone (_____) _____

Discover Scuba

Discover Scuba Diving

This experience may count as credit for future PADI dive programs. Ask your instructor for details.

PADI Discover Scuba Diving

PADI Instructor Statement: This participant has completed all three phases of the PADI Discover Scuba Diving program (Instr. Presentation, Water Skills Intro and Development and Initial OW Dive as outlined in the DSD Section of the Experience Program Guide in the PADI Instructor Manual.

Instructor Name (print) First Middle Initial Last

For Instructor Student Credit (please complete):

I verify that I personally completed all three phases of the DSD program for this participant.

Instructor Signature _____
Date _____
Day/Month/Year

PADI Discover Scuba

PADI Instructor Statement: This participant has completed all the skills and training from Confined Water Dive One of the PADI OW Diver course.

Instructor Name (print) First Middle Initial Last

PADI Instr. No. _____ DC/Resort No. _____

Instructor Signature _____
Date _____
Day/Month/Year

PADI EXPERIENCE PROGRAMS

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Please read carefully before signing.

I, (Participant Name) _____, understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water dive(s), which are a part of the Experience Programs, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s) _____, the facility through which I receive my instruction _____,

nor International PADI, Inc., nor its subsidiary or affiliate corporations, 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 diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to enroll in this program, I hereby save and hold harmless said program and, I personally assume all risks in connection with said program, for any harm, injury or damage that may befall me while I am enrolled as a participant in this program, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving program, and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.

I understand that the PADI Experience Programs are designed to provide me with an introduction to scuba diving. The programs are not intended to train me as a competent diver. I further understand and agree that I must be thoroughly instructed in the use of scuba in a certification course under the direct supervision of a qualified instructor to become a certified, competent diver.

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 INSTRUCTOR(S) _____, THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, 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 ACKNOWLEDGE THAT I HAVE ALSO READ AND UNDERSTAND THE PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS 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 or Guardian (where applicable) _____ Date _____
Day/Month/Year

PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT

Please read carefully before signing. (Confidential Information)

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the PADI Experience Programs. Your signature on this statement is required in order to participate in the PADI Experience Programs program offered by _____

_____ (instructor), and _____ (facility), located in the city of _____, and the state/country of _____.

Read this statement prior to signing it. You must complete this PADI Experience Programs Medical Statement/Questionnaire, which includes the medical history section, to enroll in the PADI Experience Programs. If you are a minor, you must have this PADI Experience Programs Medical Statement/Questionnaire signed by a parent or guardian.

Scuba diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is safe. When established safety procedures are not followed, however, there are dangers. 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 air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is

- over -

This experience may count as credit for future PADI dive programs.

Ask your instructor for details.

PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT(Continued)

under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

You will also need to learn from the instructor the important safety rules regarding breathing and equalization 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.

MEDICAL HISTORY/QUESTIONNAIRE

To the Participant:

The purpose of this medical history questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that 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 medical history 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.

- _____ Do you currently have an ear infection?
- _____ Do you have a history of ear disease, hearing loss or problems with balance?
- _____ Do you have a history of ear or sinus surgery?
- _____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- _____ Do you have a history of respiratory problems, severe attack of hayfever or allergies, or lung disease?
- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- _____ Do you have active asthma or history of emphysema or tuberculosis?
- _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- _____ Do you have behavioral health problems or a nervous system disorder?
- _____ Are you or could you be pregnant?
- _____ Do you have a history of colostomy?
- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- _____ Are you over 45 and have a family history of heart attack or stroke?

- _____ Do you have a history of bleeding or other blood disorders?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- _____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

The information I have provided about my medical history is accurate to the best of my knowledge.

Name _____

Address _____

Phone (_____) _____

Participant Signature _____ Date _____
Day/Month/Year

Parent/Guardian Signature (where applicable) _____ Date _____
Day/Month/Year

Discover Scuba Diving Review

If you're participating in the PADI DSD Program, you must complete this review before making your open water dive.

Check the appropriate box in response to questions on the Discover Scuba Diving Instructor Flip Chart.

Complete only under the direction of your PADI Instructor.

- | | True | False | | True | False |
|----|--------------------------|--------------------------|----|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | 5. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | 8. | <input type="checkbox"/> | <input type="checkbox"/> |

STUDENT STATEMENT: I have had this Review explained to me and I now understand any questions I may have answered incorrectly.

Participant Signature _____ Date _____
Day/Month/Year