Bubblemaker Statement

(PADI International Limited Version)

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) _____ e-mail _____

MEDICAL QUESTIONNAIRE

To the participant: Answer YES or NO to any of the following items that apply to your past medical history or present medical condition. If any of these items do apply to you, we must request you consult a physician prior to participating in a scuba experience.

☐ Yes ☐ No I am currently suffering from a cold or congestion.

☐ Yes ☐ No I have a history of respiratory problems or disease.

☐ Yes ☐ No I have had asthma, emphysema or tuberculosis.

☐ Yes ☐ No I currently have an ear infection.

☐ Yes ☐ No I have recurrent ear problems, ear disease or surgery.

☐ Yes ☐ No I have a history of sinus problems.

☐ Yes ☐ No I have had problems equalising (popping) my ears with airplane or mountain travel.

☐ Yes ☐ No I am diabetic.

☐ Yes ☐ No I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).

☐ Yes ☐ No I have a history of seizures, dizziness or fainting.

☐ Yes ☐ No I have a nervous system disorder.

☐ Yes ☐ No I have behavioural health, mental or psychological disorders (panic attack, fear of closed or

☐ Yes ☐ No I have recurrent back problems, history of back or spinal surgery.

☐ Yes ☐ No I am currently taking prescription medication (with the exception of anti-malarial).

☐ Yes ☐ No I have recently had an operation or illness.

☐ Yes ☐ No I am under the care of a physician or have a chronic illness.

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BUBBLEMAKER STATEMENT OF RISKS AND LIABILITY

(PADI International Limited)

Please read carefully before signing.

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving course 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. This form must also be signed by a parent or guardian.

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Experience programmes may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving course. You must advise truthfully and fully inform the instructor(s) and the facility through which this training is offered of your medical history.

EXCLUSION OF LIABILITY

Neither the instructor(s), _____, the facility through which this training is offered, _____, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence. In the absence of any negligence or other breach of duty by the instructor(s) _____, the facility through which this training is offered, _____, PADI International Ltd., and International PADI, Inc., your participation in this diving course is entirely at your own risk.

The PADI Experience programmes are designed to provide you with an introduction to scuba diving. The programmes are not intended to train you as a competent diver. You 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 acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

_____ Date _____

Signature of Participant Day/Month/Year

_____ Date _____

Signature of Parent or Guardian Day/Month/Year