

**Please read carefully and fill in all blanks 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. If you are a minor, 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. Open water diving trips which are necessary for training and for certification, 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), Robert G. Varns, the facility through which this training is offered, Dive Machine, 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) Robert G. Varns, the facility through which this training is offered, Dive Machine, PADI International Ltd., and International PADI, Inc., your participation in this diving course is entirely at your own risk.

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

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Signature of Student

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Date (Day/Month/Year)

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Signature of Parent/Guardian (where applicable)

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Date (Day/Month/Year)