



Try Diving Pool Event

REGISTRATION INFORMATION – Please print

Name (First, Last) _____ DOB: (d/m/yr) _____

(for dive equipment) Chest size cms. _____ Foot size (UK). _____ Height cms. _____

Address _____ Gender Male Female

_____ Email: _____

Phone (home) _____ (mobile) _____

Emergency Contact Information

Name/Relationship _____ Phone _____

STATEMENT OF RISK AND LIABILITY/NON-AGENCY ACKNOWLEDGMENT

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including **Dive Machine staff** any individual PADI Instructors and Dive masters associated with the programme in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff.

Statement of Risk and Liability

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 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, 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 that 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 programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history. I understand the Try Diving Event is a programme developed and used by DIVE MACHINE and not PADI.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, nor the facility through which this programme is conducted, DIVE MACHINE nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it results 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, my participation in this diving programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

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

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Medical History.

(NAME) _____ (please print)

Please check 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 (tick the appropriate box) and we must request that you consult a physician prior to participating in a pool scuba experience if all below is "NO" you do not need to see a physician.

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

2 Yes No I am currently taking medication that carries a warning about any impairment of my physical or mental abilities.

3 Yes No I have a history of respiratory/chest problems disease.

4 Yes No I am diabetic

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

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

7 Yes No I currently have an ear infection/perforation.

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

9 Yes No I have a history of sinus problems.

10 Yes No I am pregnant.

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

12 Yes No I am claustrophobic.

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

14 Yes No I have a nervous system disorder.

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