

# 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

**You must register participants within 30 days of their first open water dive.**

### 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) \_\_\_\_\_, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that the 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. I still choose to proceed with such instructional 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 affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors 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, my family, estate, heirs or assigns that may occur as a result of my participation in this diving class 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 course, I hereby personally assume all risks of this course, whether foreseen or unforeseen, that may befall me while I am a participant in this course, including but not limited to the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this diving course, and that if I am injured as a result of a heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

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 the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

G PRODUCT NO. 10194 (3/02 Version 2.0)

I, \_\_\_\_\_ BY THIS INSTRUMENT  
Participant Name

AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,

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

Participant's Signature \_\_\_\_\_ 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 \_\_\_\_\_.

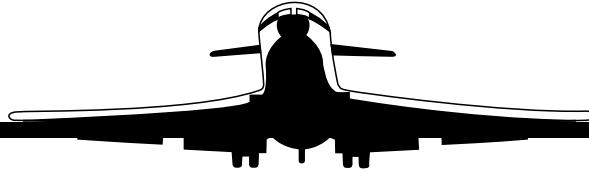
Read this statement prior to signing it. You must complete this PADI Experience Programs Medical Statement/Questionnaire, which includes the medical history section, to enroll in the PADI Experience Programs. If you are a minor, you must have this PADI Experience Programs Medical Statement/Questionnaire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

- over -

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



## Flying After Diving Recommendations

1) Wait a minimum surface interval of 12 hours prior to ascent to altitude. 2) If you plan to make daily, multiple dives for several days or make dives that require decompression stops, take a special precaution – an extended surface interval beyond 12 hours before flight.

### PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT(Continued)

or congestion, epilepsy, asthma, a severe medical problem, or who is 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 QUESTIONNAIRE

To the Participant:

The purpose of this medical 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, mental or psychological 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. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

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"/>
			9.	<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