

**DISCOVER SNORKELLING / SKIN DIVING  
STATEMENT OF RISKS AND LIABILITY  
(PADI International Ltd)**



**Please read carefully and fill in all blanks before signing.**

This is a statement in which you are informed of the risks of snorkelling and skin diving. The statement also sets out the circumstances in which you participate in the snorkelling / skin diving excursion 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 dive professional. If you are a minor, this form must also be signed by a parent or guardian.

**WARNING**

Snorkelling and skin diving have inherent risks which may result in serious injury or death. Snorkelling and skin diving are physically strenuous activities and you will be exerting yourself during this excursion. You must advise truthfully and fully inform the dive professionals and the facility through which this excursion is offered of your medical history. Boat trips may be conducted at a site/area/place that is remote, either by time or distance or both from hospitalization. In addition, during boat travel to and from sites/areas/places, you should follow all safety instructions from the captain / crew members and take care while getting on or off the boat and while on board to avoid slipping, falling or drowning.

**EXCLUSION OF LIABILITY**

Past or present medical conditions may be contraindicative to my participation in the programme. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting; nor a history of heart condition (e.g.: cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as asthma, emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I understand and agree that neither the dive professionals conducting this excursion, nor the facility through which this excursion is conducted, Liamis Dive Centre, nor the crew or the owner of the vessels "M/V APOLLON", "M/V CLEO", 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 result 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 program, the facility through which this excursion is offered, Liamis Dive Centre, the crew or the owner of the vessels "M/V APOLLON", "M/V CLEO", PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving program 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.

Participant Name: \_\_\_\_\_  
(Please Print)

Participant Signature \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_

Signature of Parent/Guardian (where applicable) \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_

**MEDICAL QUESTIONNAIRE:**

Please answer the following questions on your past or 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 snorkeling.

- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)\_\_\_\_\_
- Do you have your medications on the boat? \_\_\_\_\_

**Have you ever had or do you currently have...**

- Epilepsy, seizures, convulsions or take medications to prevent them?\_\_\_\_\_
- Blackouts or fainting (full/partial loss of consciousness)?\_\_\_\_\_
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?\_\_\_\_\_
- Heart disease, Heart attack, Angina, heart surgery or blood vessel surgery? \_\_\_\_\_
- Allergy? \_\_\_\_\_What kind?\_\_\_\_\_

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.*

**Do you know how to swim?** Yes  No

**Participant Information (please print clearly)**

**First name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gendre:** male  , female

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Hotel:** \_\_\_\_\_ **Room number:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_