

## **PADI Seal Team Statement**

## Participant Record (confidential information)

## PLEASE PRINT CLEARLY.

| Name _            |              |  | Birthdate   | Age                      |
|-------------------|--------------|--|---|--------------------------|
| Address           | 3            |  |   |                          |
|                   |              |  | State/Province  |                          |
| Country           | '            |  | Zip/Postal Code   | <b>-</b>                 |
| Home F            | hone (       | )  | email   |                          |
| Emergency contact |              | ntact  | Relationship  |                          |
| Primary           | Phone (      | ()   |   |                          |
| Second            | ary Phon     | ne ()  |   |                          |
| How dic           | l you hea    | ar about us?   |   |                          |
|                   |              |  |   |                          |
|                   |              |  | QUESTIONNAIRE   |                          |
| medical approval  | history or I | present medical condition. A YES answer being allowed to participate in scuba diving | to any of the following items to accurately reflect to any of these items requires that a participant activities. If this applies, please ask for a Medic | t obtain written medical |
| ☐ Yes             | ☐ No         | I am currently suffering from a cold of  | or congestion.  |                          |
| ☐ Yes             | ☐ No         | I have a history of respiratory proble   | ems or disease.   |                          |
| ☐ Yes             | ☐ No         | I have had asthma, emphysema or t  | tuberculosis.   |                          |
| ☐ Yes             | ☐ No         | I currently have an ear infection.   |   |                          |
| ☐ Yes             | ☐ No         | I have recurrent ear problems, ear d   | lisease or surgery.   |                          |
| ☐ Yes             | ☐ No         | I have a history of sinus problems.  |   |                          |
| ☐ Yes             | ☐ No         | I have had problems equalizing (pop  | oping) my ears with airplane or mountain tr   | avel.                    |
| ☐ 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, dizzines   | ss or fainting.   |                          |
| ☐ Yes             | ☐ No         | I have a nervous system disorder.  |   |                          |
| ☐ Yes             | ☐ No         | I have behavioral health, mental or μ open spaces).                                  | osychological disorders (panic attack, fear   | of closed or             |
| ☐ Yes             | ☐ No         | I have recurrent back problems, hist   | ory of back or spinal surgery.  |                          |
| ☐ Yes             | ☐ No         | I am currently taking prescription me<br>and mental abilities (with the except       | edication that carries a warning about impa<br>ion of anti-malarial).   | nirment of physical      |
| ☐ Yes             | ☐ No         | I have recently had an operation or  | illness.  |                          |
| ☐ Yes             | ☐ No         | I am under the care of a physician o   | r have a chronic illness.   |                          |
|                   |              |  |   |                          |

## PADI SEAL TEAM ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

| I,, parent/guardia   | n and   | , participant, hereby affirm that we  |
|--|---|---|
| are aware of and understand there are inherent hazards associa   | ed with skin diving and scuba diving which  | may result in serious injury or death.  |
| We understand there are certain risks associated with aquatic ac<br>we expressly assume the risk of said injuries.   | tivities conducted in and around a swimmin  | g pool or confined water dive site, and   |
| We understand the PADI Seal Team program is a series of Aqual We understand that my child may choose to participate in one or five (5) core AquaMissions involving the introduction of basic dive ID Specialist, Environmental Specialist, Inner Space Specialist, N Diver Specialist, Snapshot Specialist, Team Safety Specialist and applies to all the PADI Seal Team AquaMissions, as described at | all of these AquaMissions. These AquaMissions skills and ten (10) specialty AquaMissions lavigation Specialist, Night Specialist, Sear I Wreck Specialist We understand and agree | sions include, but are not limited to, including, but not limited to, Creature ch and Recovery Specialist, Skin the that this Release encompasses and |
| Further, we hereby state and agree that this Release will be effect period of one year from the initial date on which I execute this Re  |   | ties in which my child participates for a   |
| We understand that diving with compressed air involves certain in<br>embolism or other hyperbaric injuries can occur which require tre<br>be conducted at a site that is remote, either by time or distance of<br>activity in spite of the absence of a recompression chamber in pr  | atment in a recompression chamber. We fur both, from such a recompression chambe  | orther understand that this activity may  |
| We understand and agree that neither the dive professionals con  | ducting this activity, nor the facility through   | which this activity is  |
| conducted,, or assigns (hereinafter referred to as "Released Parties") may be child, me, my family, our heirs or assigns that may occur as a resparty, including the Released Parties, whether passive or active.  |   | ny injury, death or other damages to my   |
| We further understand that scuba diving is a physically strenuous my child is injured as a result of heart attack, panic, hyperventilat that we will not hold the above listed individuals or companies re   | ion, etc., that we expressly assume the risk  |   |
| In consideration of my child being allowed to participate in this ac<br>any harm, injury or damage that may befall my child while partici<br>unforeseen.   |   |   |
| We further release and hold harmless said activity and the Relea<br>heirs or assigns, arising out of my child's participation in this activ  |   | child, me, or my family, or our estate,   |
| We understand and agree this Release is divisible, and any porti governmental agency having jurisdiction shall affect only that por shall remain in full force and effect.   |   |   |
| I further state that I am of lawful age and legally competent to sig providing written consent for the participation of my child.  | n this Assumption of Risk and Liability Rele  | ease Agreement, and as the parent am  |
| We understand that the terms herein are contractual and not a m  | ere recital and that we have signed this Re   | lease of our own free act.  |
| I,, PARENT/GUARD   |   |   |
| INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFE<br>THIS ACTIVITY IS CONDUCTED, AND INTERNATIONAL PADI,<br>OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJUR<br>INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THI  | INC., AND ALL RELATED ENTITIES AS D<br>Y, PROPERTY DAMAGE OR WRONGFUL   | EFINED ABOVE, FROM ALL LIABILITY<br>DEATH, HOWEVER CAUSED,  |
| WE HAVE FULLY INFORMED OURSELVES OF THE CONTENT<br>READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, I   |   | LIABILITY RELEASE AGREEMENT BY  |
| Signature of Participant   | Date (day/  | /month/year)  |
| Signature of Parent/Guardian   | Date (day   | /month/year)  |