



One World Dive & Travel  
6860 South Clinton Ct.  
Greenwood Village, CO 80112  
303-220-8282  
[www.oneworlddive.com](http://www.oneworlddive.com)

# One World Dive & Travel

Dear Event Organizer,

Thank you for choosing Colorado's finest scuba diving training center for your birthday party or event. Our goal is to make your party special for everyone involved. Enclosed you'll find all the necessary paperwork for your event with us. Some of the forms need to be signed and returned to us prior to your event. To ensure that your course goes smoothly, please follow these important steps:

1. The One World Dive & Travel Event Agreement needs to be completed and returned to us no later than one week prior to your event. Please initial each line and sign at the bottom.
2. Each participant that will be scuba diving MUST have either the *Discover Scuba Diving Release* (if they are 10 or up, please complete the required documents and eLearning online at [https://learning.padi.com/dsd?store\\_number=3220](https://learning.padi.com/dsd?store_number=3220)), the *Bubblemaker Statement Release* (if they are 8 or 9) form completed, with the signatures of the participant and the parent or legal guardian. Each participant must be **at least 8 years old**. Each participant that is not scuba diving MUST have the *Discover Snorkeling and Skin Diving Release* form completed, with the signatures of the participant and the parent or legal guardian. In addition, all participants age 8 – 11 also need to complete the Youth Diving Responsibilities and Risks Form.
3. If you have answered "YES" to any of the medical questions, we MUST have a *PADI Medical Release* signed by a physician to allow divers to participate in Discover Scuba Diving. **THERE ARE NO EXCEPTIONS.** These forms are available on our website for download. There is nothing worse than us having to tell an eager student that they won't be able to get in the water because we don't have a signed medical form or parent's signature.
4. Please notify the staff at least one week in advance if your group will have more than 6 participants (if all are 10 years of age or older), plus the ages of each participant. We are governed by certain safety standards that limit the number of divers per instructor in the pool. Letting us know will give us the necessary lead time to arrange for more staff to meet your event's needs.

Thank you very much for choosing One World Dive & Travel. It is our goal to make this experience memorable and fun for all! Please feel free to call us at the dive shop, or email [info@oneworlddive.com](mailto:info@oneworlddive.com) with any questions.

# One World Dive & Travel Event Agreement

Thank you for choosing One World Dive & Travel for your diving event. Our philosophy is to offer our customers the best experience to safely enjoy scuba diving while having a lot of fun. We intend to provide you with a quality product and outstanding customer service.

The following information is designed to make your experience with us enjoyable and to prevent any possible confusion, prior to your event.

**PLEASE READ EACH ITEM CAREFULLY AND INITIAL IN THE SPACE PROVIDED. IF YOU DO NOT UNDERSTAND SOMETHING OR HAVE ANY QUESTIONS, BE SURE TO ASK THE STAFF FOR CLARIFICATION.**

- 1.) \_\_\_\_\_ **Full payment plus the return of this form is required to reserve a date and time for your event for up to 6 participants.** If this form is not returned to us 7 days prior to your event, 50% of your deposit will be forfeited and your event will be cancelled.
- 2.) \_\_\_\_\_ **If you cancel or alter the date or time of a party less than 7 days before the starting date, you will forfeit 50% of the party fee. The remainder can be refunded or applied to another event.**
- 3.) \_\_\_\_\_ **There are no refunds or transfers the day of the event.**
- 4.) \_\_\_\_\_ Additional participants can be added to the party, up to a maximum of 8 participants (if all are 10 years of age or older) at a cost of \$40 per person. Anyone getting in the water (scuba divers, snorkelers or swimmers) counts as a participant.
- 5.) \_\_\_\_\_ You will be provided with a Discover Scuba Release link (for participants above 10 years of age), a Bubblemaker Statement (for participants 8 or 9 years old), or a Discover Snorkeling and Skin Diving Release which includes a Medical History form, plus a Youth Diving Responsibilities form to be completed by all participants age 8 – 11. Please complete each form, including answering “Yes” or “No” to each question (you must spell out your response – a Y or N is not sufficient). If you need to answer “**YES**” to any item on the questionnaire list, the participant will need to see a physician **PRIOR** to participating in a scuba course. There is a PADI Medical Statement form that you will need to have completed by your physician. **Your doctor will need to sign THIS form in the appropriate section. No other doctor’s notes or releases will be accepted. If you have a “YES” answer, please ask us for the correct form to take to your doctor before your event.**
- 6.) \_\_\_\_\_ **If a physician will not sign the medical form, for any reason, and you cancel your event less than 7 days prior to your event, you will forfeit 50% of the event fee.**
- 7.) \_\_\_\_\_ If the participant answers “No” to all the Medical History questions, a physician’s signature is not required.
- 8.) \_\_\_\_\_ We will provide all required scuba equipment for your use during pool sessions with us.
- 9.) \_\_\_\_\_ **A parent or legal guardian must be present and in control at all times during the event.** The parent or legal guardian will be responsible for anyone not in the water with the dive professional.
- 10.) \_\_\_\_\_ We do not provide food or decorations for the room. You are welcome to bring your own.
- 11.) \_\_\_\_\_ There may be occasions where One World Dive & Travel must cancel your event. Should this occur, you will have the option of a full refund or transferring to another date.

I have read and understand the above items.

Print Name \_\_\_\_\_ Signature: \_\_\_\_\_

Event Date & Time \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_

# One World Dive & Travel—Bubblemaker Instructions

Please pass these instructions to all the participants/Parents of Bubblemakers (8-9 years old)

Fill this section completely

Check YES or NO for the questions in the Medical Questionnaire. If you answer YES to any question, the participant will need a medical form signed by a physician. Please call One World Dive & Travel at 303-220-8282 to request this form.



## Bubblemaker Statement

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Primary Phone (\_\_\_\_) \_\_\_\_\_ Home Work Cell  
Secondary Phone (\_\_\_\_) \_\_\_\_\_ Home Work Cell  
How did you hear about us? \_\_\_\_\_

### MEDICAL QUESTIONNAIRE

To the participant and parent: Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval before being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am currently suffering from a cold or congestion.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of respiratory problems or disease.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have had asthma, emphysema or tuberculosis.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I currently have an ear infection.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have recurrent ear problems, ear disease or surgery.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of sinus problems.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have had problems equalizing (popping) my ears with airplane or mountain travel.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am diabetic.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a history of seizures, dizziness or fainting.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have a nervous system disorder.   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have recurrent back problems, history of back or spinal surgery.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial). |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I have recently had an operation or illness.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I am under the care of a physician or have a chronic illness.   |

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### BUBBLEMAKER ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, parent/guardian and participant, hereby affirm that we are aware of and understand there are inherent hazards associated with scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly assume the risk of said injuries.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, \_\_\_\_\_, nor International PADI, Inc., nor any of their respective employees, officers, agents 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 my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, and as the parent am providing written consent for the participation of my child.

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, \_\_\_\_\_, PARENT/GUARDIAN AND

PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, 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.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

Signature of Participant

Date (day/month/year)

Signature of Parent/Guardian

Date (day/month/year)



# One World Dive & Travel—Snorkeler Instructions

Please pass these instructions to all the participants/Parents of Snorkelers



Release of Liability/Assumption of Risk/Non-agency  
Acknowledgement Form

## Discover Snorkeling and Skin Diving

Please read carefully and fill in all blanks before signing.

### Non-Agency Disclosure and Acknowledgment Agreement

One World Dive & Travel

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ and/or any individual PADI Instructors and Divemasters associated with the program 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 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. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of \_\_\_\_\_ and/or the instructors and divemasters associated with the activity.

Print Participant's name here

### Liability Release and Assumption of Risk Agreement

I, \_\_\_\_\_ hereby affirm that I am aware that skin diving has inherent risks which may result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), nor the facility through which this program is offered,

One World Dive & Travel

\_\_\_\_\_, nor PADI Americas, 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 program 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 program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.

I further release, exempt and hold harmless said program 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 program.

I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of 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 understand that past or present medical conditions may be contraindicated to my participation in the program. 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, or 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 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 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 Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that 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.



Release of Liability/Assumption of Risk/Non-agency  
Acknowledgement Form

## Discover Snorkeling and Skin Diving

Print Participant's name here

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRUCTOR(S), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, \_\_\_\_\_, AND PADI AMERICAS, 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 AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant signs here

Participant's Signature

Date (Day/Month/Year)

Parent/Guardian signs here

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



# Bubblemaker Statement

Participant Record (confidential information)

Age 8 & 9

PLEASE PRINT CLEARLY.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

Secondary Phone (\_\_\_\_) \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell

How did you hear about us? \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

**To the participant and parent:** Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

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

☐ Yes ☐ No I have a history of respiratory problems or disease.

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

☐ Yes ☐ No I currently have an ear infection.

☐ Yes ☐ No I have recurrent ear problems, ear disease or surgery.

☐ Yes ☐ No I have a history of sinus problems.

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

☐ 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, dizziness or fainting.

☐ Yes ☐ No I have a nervous system disorder.

☐ Yes ☐ No I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).

☐ Yes ☐ No I have recurrent back problems, history of back or spinal surgery.

☐ Yes ☐ No I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).

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

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

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## BUBBLEMAKER ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, parent/guardian and \_\_\_\_\_, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly assume the risk of said injuries.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, One World Dive & Travel, nor International PADI, Inc., nor any of their respective employees, officers, agents 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 my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, and as the parent am providing written consent for the participation of my child.

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, \_\_\_\_\_, PARENT/GUARDIAN AND \_\_\_\_\_,

PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, 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.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

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

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (day/month/year)



## Discover Snorkeling and Skin Diving

**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 store/resort and/or any individual PADI Instructors and Divemasters associated with the program 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 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. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of One World Dive & Travel and/or the instructors and divemasters associated with the activity.

## Liability Release and Assumption of Risk Agreement

I, \_\_\_\_\_ participant name hereby affirm that I am aware that skin diving has inherent risks which may result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), nor the facility through which this program is offered,

One World Dive & Travel, nor PADI Americas, 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 program 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 program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.

I further release, exempt and hold harmless said program 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 program.

I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of 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 understand that past or present medical conditions may be contraindicated to my participation in the program. 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, or 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 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 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 Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that 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.



Release of Liability/Assumption of Risk/Non-agency  
Acknowledgement Form

# Discover Snorkeling and Skin Diving

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, participant name, BY THIS INSTRUMENT  
**AGREE TO EXEMPT AND RELEASE MY GUIDE(S)/INSTRUCTOR(S), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION,**  
**One World Dive & Travel** store/resort, AND PADI AMERICAS, 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 AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT  
AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW  
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)