

PADI Discover Scuba/Discover Scuba Diving Statement Return top portion to PADI for Instructor Credit.

Participant Information (Please Print)

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

_____ MI _____
 First Name Last Name

 Student Mailing Address

 City State/Province

 Zip/Postal Code Country

 Home Phone _____ Email _____
 Date of Birth _____ Gender: Male Female
 Day Circle appropriate month. Year

Dive Center/Resort Location _____

PADI Dive Center/Resort No. _____

Photocopy may be used as student referral.
Valid for 12 months from completion date.

Emergency Contact Information

Name _____
 Relationship _____ Phone (_____) _____

PADI Instructor Statement:

PADI Discover Scuba Diving
I have personally conducted all three phases of the Discover Scuba Diving program (Water Skills Intro and Development and Initial Open Water Dive) as outlined in the PADI *Instructor Manual* for this participant.

Print Instructor Name First Middle Initial Last

Instructor Signature _____
Date _____ PADI No. _____
Day/Month/Year

PADI Discover Scuba
This participant has completed all the skills and training from Confined Water Dive One of the PADI Open Water Diver course.

Print Instructor Name First Middle Initial Last

Instructor Signature _____
Date _____ PADI No. _____
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 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



The Way the World Learns to Dive.®

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



Flying After Diving Recommendations

For Dives Within the No-Decompression Limits

- Single Dives. A minimum preflight surface interval of 12 hours is suggested.
- Repetitive Dives and/or Multiday Dives. A minimum preflight surface interval of 18 hours is suggested.

For Dives Requiring Decompression Stops

- A minimum preflight surface interval greater than 18 hours is suggested.

PADI EXPERIENCE PROGRAMS LIABILITY RELEASE AND 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.

I, _____ BY THIS INSTRUMENT

Participant Name

AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS,

_____ , AND

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) _____

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