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

## TRAVEL AND EXCURSIONS

Please read carefully and fill in all blanks before signing.

## **Non-Agency Disclosure and Acknowledgment Agreement**

| I understand and agree that PADI Members ("Members"), inclinstructors and Divemasters associated with the program in whice to conduct PADI training, but are not agents, employees or frame corporations ("PADI"). I further understand that Member busine PADI, and that while PADI establishes the standards for PADI diversity to control, the operation of the Members' business activities and by the Members or their associated staff. I further understand an of an injury or death during this activity, neither I nor my estate settlements. | ch I am participating, are licensed to unchisees of PADI Americas, Inc., or its ess activities are independent, and are training programs, it is not responsed the day-to-day conduct of PADI prond agree on behalf of myself, my heir shall seek to hold PADI liable for the a | use various PADI Trademarks and<br>s parent, subsidiary and affiliated<br>e neither owned nor operated by<br>ible for, nor does it have the right<br>ograms and supervision of divers<br>s and my estate that in the event<br>ctions, inactions or negligence of |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Liability Release and As                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | sumption of Risk Agreeme                                                                                                                                                                                                                                                        | ent                                                                                                                                                                                                                                                              |
| I,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | activities may include, but are not limited<br>ing, I affirm that I am a certified diver or a<br>and scuba diving have inherent risks which                                                                                                                                     | to, scuba diving, snorkeling, boating<br>a student diver under the control and<br>may result in serious injury or death.                                                                                                                                         |
| I understand and agree that neither                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | assigns (hereinafter referred to as "Releatin personal injury, property damage or wroticipation in this trip or as a result of the i                                                                                                                                            | ased Parties,") may be held liable or or other damages to me, negligence of any party, including the                                                                                                                                                             |
| parent or guardian.  I understand the terms herein are contractual and not a mere recital, and that I hereby agree to waive my legal rights. I further agree that if any proshall be severed from this agreement. The remainder of this agreement contained herein.                                                                                                                                                                                                                                                                                    | ovision of this agreement is found to be u                                                                                                                                                                                                                                      | nenforceable or invalid, that provision                                                                                                                                                                                                                          |
| I understand and agree that I am not only giving up my right to sue the R to sue the Released Parties resulting from my death. I further represent I estopped from claiming otherwise because of my representations to the                                                                                                                                                                                                                                                                                                                             | have the authority to do so and that my he                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  |
| I,, BY THIS II ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OF PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLITHE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 | INSIBILITY FOR PERSONAL INJURY,                                                                                                                                                                                                                                  |
| I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY HEIRS.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                  |
| Participant Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date (Day/Month/Year)                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                  |
| Signature of Parent of Guardian (where applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date (Day/Month/Year)                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                  |