



SEAL TEAM STATEMENT

(PADI International Ltd)

PADI International Ltd. – Unit 7, St Philips Central, Albert Road, St Philips, Bristol BS2 0PD,

Please print legibly.

Name _____

Mailing Address _____

City _____

State/Province _____ Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Birth Date _____ Age _____ Email _____

EMERGENCY CONTACT INFORMATION

Name _____

Home Phone (_____) _____ Work Phone (_____) _____

Medical History

To the participant:

Answer yes or no to any of the following items that apply to your past medical history or present medical condition. **If any of these items do apply to you, we must request you consult a physician prior to participating in a scuba experience.** Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- I am currently suffering from a cold or congestion.
- I have a history of respiratory problems or disease.
- I have had asthma, emphysema or tuberculosis.
- I currently have an ear infection.
- I have recurrent ear problems, ear disease or surgery.
- I have a history of sinus problems.
- I have had problems equalising (popping) my ears with airplane or mountain travel.
- I am diabetic.
- I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).
- I have a history of seizures, dizziness or fainting.
- I have a nervous system disorder.
- I have behavioural health, mental or psychological disorders (panic attack, fear of closed or open spaces).
- I have recurrent back problems, history of back or spinal surgery.
- I am currently taking medication that carries a warning about any impairment of my physical or mental abilities.
- I have recently had an operation or illness.
- I am under the care of a physician or have a chronic illness.

PADI SEAL TEAM STATEMENT OF RISKS AND LIABILITY

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which your child participates in the diving activity at your child's own risk.

Your signature on this statement is required as proof that you and your child 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 child's instructor.

WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber and your child will be exposed to these risks.

Continued...

Skin and scuba diving are physically strenuous activities and your child will be exerting themselves during this diving activity. You must advise truthfully and fully inform the dive professional and the facility through which this dive activity is offered of your child's medical history.

Please read carefully and fill in all blanks before signing.

The PADI Seal Team programme is a series of AquaMissions which will be conducted in a swimming pool. My child may choose to participate in one or all of these AquaMissions. These AquaMissions include, but are not limited to, five (5) core AquaMissions involving the introduction of basic dive skills and ten (10) speciality AquaMissions including Creature ID Specialist, Environmental Specialist, Inner Space Specialist, Navigation Specialist, Night Specialist, Search and Recovery Specialist, Skin Diver Specialist, Snapshot Specialist, Team Safety Specialist and Wreck Specialist.

This Statement also encompasses and applies to all the PADI Seal Team AquaMissions, as described above, in which my child chooses to participate.

EXCLUSION OF LIABILITY

Neither the dive professional, _____, the facility through which this dive activity is offered, _____, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professional _____, the facility through which this dive activity is offered, _____, PADI International Ltd., and International PADI, Inc., your participation in this diving activity is entirely at your own risk.

I acknowledge receipt of this statement and have read all of the terms before signing this statement.

Participant Name (Please Print)

Participant Signature Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable) Date (Day/Month/Year)