



**SCUBA DIVING COURSE/ DISCOVER SCUBA DIVING STATEMENT
LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK**

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____ AGE: _____
 HOME CITY: _____ STATE: _____ COUNTRY: _____ ZIP: _____ PHONE: _____
 HOTEL: _____ ROOM: _____ EMAIL: _____

MAILING ADDRESS: _____
 PHONE: _____ CITY: _____ STATE: _____ POSTAL/ZIP: _____
 COUNTRY: _____ HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____ CITY: _____ STATE: _____ COUNTRY: _____
 PHONE _____ E-MAIL: _____

DISCOVER SCUBA DIVING

SCUBA DIVING COURSE

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____ UNDERSTAND THAT DIVING WITH COMPRESSED AIR INVOLVES CERTAIN INHERENT RISK; DECOMPRESSION SICKNESS, EMBOLISM OR OTHER HYPERBARIC INJURIES CAN OCCUR THAT REQUIRE TREATMENT IN A RECOMPRESSION CHAMBER. I FURTHER UNDERSTAND THAT THE OPEN WATER DIVES, WHICH ARE PART OF THE EXPERIENCE PROGRAMS, MAY BE CONDUCTED AT A SIDE THAT IS REMOTE, EITHER BY TIME OR DISTANCE OR BOTH, FROM SUCH A RECOMPRESSION CHAMBER. I STILL CHOOSE TO PROCEED WITH SUCH 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. **ALEX ADVENTURES COZUMEL** NOR INTERNATIONAL **PADI**, INC., NOR IT'S SUBSIDIARY OR AFFILIATE CORPORATIONS, NOR ANY OF THEIR RESPECTIVE EMPLOYEES, OFFICERS, AGENTS OR ASSIGNS, (HEREINAFTER REFERRES TO AS "RELEASED PARTIES", MAY BE HELD LIABLE OR RESPONSIBLE IN ANY WAY FOR ANY INJURY, DEATH, OR OTHER DAMAGES TO ME OR MY FAMILY, HEIRS, OR ASSIGNS THAT MAY ACCUR AS A RESULT OF MY PARTICIPATION IN THIS DIVING PROGRAM OR AS A RESULT OF THE NEGLIGENCE OF ANY PARTIES, INCLUDING THE RELEASE PARTIES, WHETHER PASSIVE OR ACTIVE.

IN CONSIDERATION OF BEING ALLOWED TO ENROLL IN THIS PROGRAM, I HEREBY SAVE AND HOLD HARMLESS SAID PROGRAM AND I, PERSONALLY ASSUME ALL RISK IN CONNECTED THEREWITH, WHETHER FORESEEN OR UNFORESEEN.

I ALSO UNDERSTAND THAT SCUBA DIVING IS A PHYSICALLY STRENUOUS ACTIVITY AND THAT I WILL BE EXERTION MYSELF DURING THIS DIVING PROGRAM, AND THAT IF I AM INJURED AS A RESULT OF HEART ATTACK, PANIC, HYPERVENTILATION, ETC., THAT I EXPRESSLY ASSUME THE RISK OF SAID INJURIES THAT WILL NOR HOLD THE ABOVE LISTED INDIVIDUALS OR COMPANIES RESPONSIBLE FOR THE SAME.

I UNDERSTAND THAT THE PADI EXPERIENCE PROGRAM ARE DESIGNED TO PROVIDE ME WITH AND INTRODUCTION TO SCUBA DIVING. I FURTHER UNDERSTAND AND AGREE THAT I MUST BE THOROUGHLY INSTRUCTED IN THE USE OF SCUBA IN A CERTIFICATION COURSE, COMPETENT DIVER.

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 THAT TERMS HEREIN ARE CONTRACTUAL AND NOT A MERE RECITAL AND THAT I HAVE SIGNED THIS DOCUMENT OF MY OWN FREE ACT.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTOR(S) _____, THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTOR, **ALEX ADVENTURES COZUMEL**, 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.

PRINT DIVERS FULL NAME	SIGNATURE OF DIVER	DAY/MONTH/YEAR
PRINT PARENT OR GUARDIAN FULL NAME	SIGNATURE OF PARENT OR GUARDIAN	DAY/MONTH/YEAR

I ACKNOWLEDGE THAT I HAVE ALSO READ AND UNDERSTAND THE PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

PRINT DIVERS FULL NAME

SIGNATURE OF DIVER

DAY/MONTH/YEAR

PRINT PARENT OR GUARDIAN FULL NAME

SIGNATURE OF PARENT OR GUARDIAN

DAY/MONTH/YEAR

MEDICAL STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING. (CONFIDENTIAL INFORMATION).

THIS IS AN STATEMENT IN WHICH YOU ARE INFORMED OF SOME POTENTIAL RISK 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 THE INSTRUCTOR _____ AND ALEX ADVENTURES COZUMEL, LOCATED ON THE CITY OF COZUMEL AND THE STATE/COUNTRY OF QUINTANA ROO, MEXICO.

READ THIS STATEMENT PRIOR TO SIGNING IT. YOU MUST COMPLETE THIS PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT/QUESTIONNAIRE, WHICH INCLUDED 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 SAAFE. WHEN ESTABLISHED SAFETY PROCEDURES ARE NOT FOLLOWED, HOWEVER, THERE ARE DANGERS. TO SCYBA DIVE SAFETY. 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 CURRRENT COLD OR CONGESTION, EPILEPSY, ASTHMA, A SEVERE MEDICAL PROBLEM. OR WHO ISUNDER THE INFLUENCE OF ALCOHOL OR DRUGS, SHOULD NOT DIVE, IF TAKING MEDICATIONS, CONSULT YOUR DOCTOR BEFORE PARTICIPATING IN THIS PROGRAM. YOU WILL ALSO NEED TO LEARN FROM THE INSTRUCTOR THE IMPORTANT SAFAETY 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 THIS ISE UNDER DIRECT SUPERVISION OF A QUELIFIED INSTRUCTOR TO USE IT SAFELY.

MEDICAL HISTORY/QUESTIONNAIRE

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 DISQUELIFY 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 ADVISE AF A PHYSICIAN.

PLEASE ANSWER THE FOLLOWING QUESTIONS ON YOUR PAST AND PRESENT MEDICAL HISTORY WITH **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 PADI MEDICAL STATEMENT AND GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATIONS TO TAKE TO A PHYSICIAN.

QUESTIONNAIRE

DO YOU CURRENTLY HAVE AN EAR INFECTION? _____

DO YOU HAVE AN 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 COLD, CONGESTION, SINUSITIS OR BRONCHITIS? _____

DO YOU HAVE A HISTORY OF RESPIRATORY PROBLEMS. SEVERE ATTACK OF HIGH FEVER, ALLERGIES OR LUNG DISEASE? _____

HAVE YOU HAD A COLLAPSED LUNG (PNEUMOTHORAX) ? _____

HAVE YOU HAD A HISTORY OF CHEST SURGERY? _____

DO YOU HAVE ACTIVE ASTHMA? _____

DO YOU HAVE A 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 PROBLEMS OR A NERVOUS SYSTEM? _____

ARE YOU OR COULD 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 YEARS OLD 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 BACK, ARM OR LEGS PROBLEMS FOLLOWING AN INJURY, FRACTURE OR SURGERY? _____

DO YOU HAVE A HISTORY OF FEAR OF CLOSED OR OPEN SPACES OR PANIC ATTACK (CLAUSTROPHOBIA OR AGORAPHOBIA)? _____

THE INFORMATION I HAVE PROVIDED ABOUT MY MEDICAL HISTORY IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

NAME: _____ PHONE: _____

ADDRESS: _____

HOTEL: _____ ROOM NUMBER: _____

PARTICIPANT SIGNATURE

DATE: _____
DAY/MONTH/YEAR

PARENT/GUARDIAN SIGNATURE (WHERE APPLICABLE)

DATE: _____
DAY/MONTH/YEAR

WITNESS NAME AND SIGNATURE

PHONE: _____