



PADI Freediver Program

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

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 _____ 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 AquaSub Scuba Diving Centre Inc. and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ hereby affirm that I am aware that freediving 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, AquaSub Scuba Diving Centre Inc., 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 a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

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 including both claims arising during the program or after I receive my certification.

I understand that freediving is a physically strenuous activity 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 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.

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, AquaSub Scuba Diving Centre Inc., 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)

Parent/guardian signature _____ Date _____ (day/month/year)
(when applicable)



PADI Freediver Medical History Form

Please read carefully before signing.

Participant's Name _____ Date _____ (Day/Month/Year)

Birth Date _____ (Day/Month/Year) Sex M F

Freediving is a demanding activity and can be strenuous and you need to be in good health to participate. If you have any questions as to whether or not you are fit to freedive, consult with your physician.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in freediving activities. 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 freediving 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, you must consult with a physician prior to participating in freediving.

____ Do you have a history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels?

____ Do you have a history of heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), heart murmur, known patent foramen ovale (PFO), acute pulmonary edema associated with swimming or diving, or unusual shortness of breath or chest pain during exertion?

____ Do you have a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe?

____ Do you have permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, recurring problems with ear pain during descent on aircraft, otitis media, middle ear infection, severe surfers ear or major ear surgery?

____ Do you have a history of tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection?

____ Do you have a history of asthma or asthma attacks? Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing?

____ Do you have a history of diabetes?

____ Are you presently pregnant or planning to be pregnant?

____ Do you have a history of a diving accident, decompression sickness, pressure injury (barotrauma) to the ear, or recurrent difficulty equalizing pressure in the ear during descent, or air embolus?

____ Do you take any medication on a regular basis either over-the-counter or prescribed by a physician (with the exception of birth control or anti-malarial)?

____ Do you have any physical and/or emotional condition not mentioned that causes you concern about being underwater or that might affect your judgment under times of physical or emotional stress?

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.

Participant's signature _____

Date _____ (day/month/year)

Parent/guardian signature _____
(when applicable)

Date _____ (day/month/year)

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Your opinion of the applicant's medical fitness for freediving is requested.

I find no medical conditions that I consider incompatible with freediving.

I am unable to recommend this individual for freediving.

Physician _____

Physician's signature _____

Date _____ (day/month/year)

Phone _____

Clinic/Hospital _____

STAMP



PADI Freediver Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for freediving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a freediver I should:

1. Always freedive with a trained buddy and follow established freediving buddy practices.
2. Not participate in open water freediving after scuba diving on the same day.
3. Equalize my ears and mask immediately as I descend, frequently and gently, before I feel discomfort.
4. Never continue descending without equalizing. If I can't equalize, return to the surface.
5. Never attempt a forceful and/or extended equalization. A forceful, extended equalization can cause serious, permanent injuries to ears and hearing.
6. Descend with my lungs full.
7. Freedive in good health. Never freedive with a cold or congestion.
8. Even if I'm a scuba diver, not take a breath from scuba at depth while freediving. An exception may be an emergency, in which case the scuba diver should share air with me as we both make a scuba ascent.
9. Use relaxation to extend breathhold time. Not use hyperventilation.
10. Increase breathhold durations gradually. Gain experience slowly.
11. After descending to depth, head up well within my limits. The deeper the dive, the sooner I should head up.
12. Send a diver who blacked out underwater or who may have inhaled water at the surface to the hospital, even if apparently fully recovered.
13. For open water freediving, weight myself so that I float comfortably at the surface after exhaling.
14. Remove the snorkel from my mouth when I descend on a freedive.
15. Not exhale during the dive, except immediately before breaking the surface upon ascent so I can inhale sooner.
16. Upon returning to the surface, exhale passively and gently. Inhale actively and more quickly. Do this at least three times.
17. Recover for at least three times the duration of my breathhold before starting another dive.
18. When ascending from a dive to depth, have my buddy escort me for the final part of my ascent.
19. Not start a descent until my buddy has completed recovery from a previous dive.
20. Follow the one-up, one-down buddy system.
21. Assess conditions before a freediving session and plan my session. It is ultimately me who decides whether to go freediving. I am responsible for my own safety, so only I can make the final decision to dive.
22. Avoid freediving in large and rough surf.
23. Avoid contact with all organisms, but especially unfamiliar ones. Know the potentially hazardous ones for the area where I'm freediving.
24. Get a local orientation to a new freediving location and/or join a group to help learn about conditions, organisms, hazards and local procedures.
25. Protect myself from the sun and stay hydrated.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when freediving.

Participant's signature _____

Date _____ (day/month/year)

Parent/guardian signature _____
(when applicable)

Date _____ (day/month/year)