



Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, _____, and my/our child, _____, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

Parent/Guardian Name

Parent/Guardian Signature

(Day/Month/Year)

Participant/Minor Name

Participant/Minor Signature

(Day/Month/Year)



FLORIDA ADDENDUM NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF

JUPITER DIVE TRAINING INC., AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS, USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM

JUPITER DIVE TRAINING INC., AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND

JUPITER DIVE TRAINING INC., AND/OR PADI AMERICAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent of Natural Guardian (where applicable)

Date (Day/Month/Year)

**Please identify minor child/children participants below:
(Minor Child means person under the age of 18)**

Minor Child Name

Birth Date (Day/Month/Year)



Standard 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 skin and scuba diving. 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, _____ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a **SAFE** diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

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 diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes ☐ Go to Box A	No ☐
2. I am over 45 years of age.	Yes ☐ Go to Box B	No ☐
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐ *	No ☐
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to Box C	No ☐
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐ *	No ☐
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to Box D	No ☐
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes ☐ Go to Box E	No ☐
8. I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to Box F	No ☐
9. I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to Box G	No ☐
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes ☐ *	No ☐

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

_____ Participant Signature (or, if a minor, participant's parent/guardian signature required.)	_____ Date (dd/mm/yyyy)
_____ Participant Name (Print)	_____ Birthdate (dd/mm/yyyy)
_____ Instructor Name (Print)	_____ Facility Name (Print)

*** If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:

Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes ☐ *	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐ *	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐ *	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐ *	No ☐
A diagnosis of COVID-19.	Yes ☐ *	No ☐

Box B – I am over 45 years of age AND:

I currently smoke or inhale nicotine by other means.	Yes ☐ *	No ☐
I have a high cholesterol level.	Yes ☐ *	No ☐
I have high blood pressure.	Yes ☐ *	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐ *	No ☐

Box C – I have/have had:

Sinus surgery within the last 6 months.	Yes ☐ *	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐ *	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐ *	No ☐
Eye surgery within the past 3 months.	Yes ☐ *	No ☐

Box D – I have/have had:

Head injury with loss of consciousness within the past 5 years.	Yes ☐ *	No ☐
Persistent neurologic injury or disease.	Yes ☐ *	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐ *	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐ *	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐ *	No ☐

Box E – I have/have had:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐ *	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐ *	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes ☐ *	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐ *	No ☐

Box F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐ *	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐ *	No ☐
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes ☐ *	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐ *	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐ *	No ☐

Box G – I have had:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐ *	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐ *	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐ *	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐ *	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐ *	No ☐
Bariatric surgery within the last 12 months.	Yes ☐ *	No ☐

Diver Medical | Physician's Evaluation Form

Participant Name _____ Birthdate _____
(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

- ☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- ☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital _____

Address _____

Phone _____ Email _____

Physician/Clinic Stamp (optional)

Created by the Diver Medical Screen Committee in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego

Please read carefully and fill in all blanks before signing.

MEDICAL STATEMENT – Participant Record, (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 scuba training program. Your signature on this statement is required for you to participate in the scuba training program.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. 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 your physician prior to engaging in dive activities.

Please answer the following questions on your past or 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 an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - are currently receiving medical care
 - have a high cholesterol level
 - high blood pressure
 - have a family history of heart attack or stroke
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?



or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also 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. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

- | | |
|---|---|
| _____ Blackouts or fainting (full/partial loss of consciousness)? | _____ High blood pressure or take medicine to control blood pressure? |
| _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | _____ Heart disease? |
| _____ Dysentery or dehydration requiring medical intervention? | _____ Heart attack? |
| _____ Any dive accidents or decompression sickness? | _____ Angina, heart surgery or blood vessel surgery? |
| _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? | _____ Sinus surgery? |
| _____ Head injury with loss of consciousness in the past five years? | _____ Ear disease or surgery, hearing loss or problems with balance? |
| _____ Recurrent back problems? | _____ Recurrent ear problems? |
| _____ Back or spinal surgery? | _____ Bleeding or other blood disorders? |
| _____ Diabetes? | _____ Hernia? |
| _____ Back, arm or leg problems following surgery, injury or fracture? | _____ Ulcers or ulcer surgery? |
| | _____ A colostomy or ileostomy? |
| | _____ Recreational drug use or treatment for, or alcoholism in the past five years? |

The information I have provided about my medical history is accurate to the best of my knowledge. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in scuba programs. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition, or any changes thereto.



Continuing Education Administrative Document

Standard Safe Diving Practices Statement of Understanding

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. 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, _____ participant name _____, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/ dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. 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 diving.

NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members (“Members”), including _____ store/resort _____ 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 of _____ store/resort _____ and/or the instructors and divemasters associated with the activity.



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

Continuing Education Administrative Document

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

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; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury 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 dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").

I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs _____, store/resort, 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 the Programs 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 the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that may befall me while I am a participant in the Programs including, but not limited to, the academics, confined water and/or open water activities. I further release, exempt and hold harmless said Programs 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(s).

I understand that past or present medical conditions may be contraindicated to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I affirm it is my responsibility to inform my instructor of any and all changes to my medical history at any time during my participation in the Programs and agree to accept responsibility for my failure to do so.

I also understand that skin diving and scuba diving are physically strenuous activities 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 and Assumption of Risk Agreement, 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 hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the date on which I sign this Agreement.

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, _____, participant name BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES 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 NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, MEDICAL STATEMENT AND STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING BY READING THEM BEFORE SIGNING BELOW 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)



VESSEL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK AGREEMENT

THIS IS A WAIVER OF YOUR (OR YOUR MINOR CHILD'S) RIGHTS TO SUE

1. I, _____ (print participant's name) UNDERSTAND THE PURPOSE OF SIGNING THIS AGREEMENT IS TO EXEMPT AND RELEASE JUPITER DIVE TRAINING INC., THE JUPITER DIVE CENTER ("DIVE STORE") AND REPUBLIC IV AND REPUBLIC VII ("VESSEL") ITS EMPLOYEES, AGENTS AND DIVE BOATS WHETHER OWNED, OPERATED, LEASED OR CHARTERED AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY ARISING AS A CONSEQUENCE OF ANY ACT OR OMISSION ON THEIR PART INCLUDING, BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE.
2. I affirm that I am (or my minor child is) a certified scuba diver or a student diver diving under the supervision of a qualified instructor. I have (or my minor child has) been taught and understand that scuba diving is a hazardous activity with inherent risks and dangers associated therewith including, but not limited to, pre-existing health issues leading to injury, drowning, panic, pressure related injuries, decompression sickness, over-expansion injuries, embolism, gas toxicity, injury from marine life, injury from boats, environmental factors which lead to injury, equipment problems leading to injury, buoyancy problems, fire and/or explosive hazards, improper dive planning, improper action of other divers or support personnel (including failure to rescue, recover, resuscitate, or provide medical assistance), poor judgment, along with other unforeseen risks. I understand that diving with compressed air, oxygen enriched air, or other gas blends including oxygen supplied by standard open circuit scuba, semi-closed or fully closed rebreathers involves certain inherent risks including oxygen toxicity, hypoxia, hypercapnia, inert gas narcosis, and/or improper mixtures of breathing gas. I understand that open water dives may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and emergency medical facilities, and that proper medical care may not be available to me (or my minor child). I understand the fact that these risks may cause me (or my minor child) serious personal injury or death and I expressly assume these risks, whether the risk is specifically stated or not, and I voluntarily choose to (or allow my minor child to) participate despite the risks. I assert that I am (or my minor child is) physically fit to participate in the sport of scuba diving and snorkeling and I agree that I will not hold any of the above-named individuals, persons, vessels or entities responsible if I am (or my minor child is) injured as a result of any medical conditions while scuba diving and/or snorkeling. I understand that scuba diving and/or snorkeling may cause physical strain or exertion not necessarily experienced in non-diving situations, and that I assume all risk for any injuries including injuries due to heart attack, panic, hyperventilation or other injuries caused by physicals strain and exertion. I do not (or my minor child does not) have in my possession any illegal drugs, nor am I (or my minor child) taking, nor have I (or my minor child) recently taken any drugs or medications which could cause an adverse reaction as a result of combining such drugs and/or medication with scuba diving. My (or my minor child's) participation in these activities is entirely voluntary.
3. Prior to leaving the dock I will inspect all of my (or my minor child's) equipment to be used and I will notify the dive store of any equipment which I find to not be functioning properly. I agree I will not hold the dive store or any of its employees, agents or dive boats, nor the vessel responsible for my failure to inspect my (or my minor child's) equipment prior to diving.
4. I (or my minor child) will be present and attentive to the safety briefings given by the Dive Master(s) and the boat Captain. I understand and agree that I have (or my minor child has) an affirmative duty to plan and carry out my (or my minor child's) own dive and to be responsible for my (or my minor child's) own safety. I expressly agree that I (or my minor child) will plan all my dives as no decompression dives with at least a three-minute safety stop at 15 feet prior to ascending to the surface. I fully agree that I (or my minor child) will start my ascent at the end of each dive with enough air to guarantee being on the vessel with a minimum of 500 PSI of air in my tank as required by the dive leader.
5. I (or my minor child) will immediately cease and abort my dive if:

- (1) I feel (or my minor child feel) uncomfortable with my diving abilities and/or;
- (2) Diving conditions are worse than those for which I (or my minor child) have been trained or for which I am (or my minor child is) comfortable.

6. I am (or my minor child is) fully aware and have been trained in the dangers, risks and hazards of holding my breath while diving on compressed air. I fully agree not to hold the above-named individuals, entities or vessels responsible for any such act by me (or my minor child). In the eventuality that I become (or my minor child becomes) distressed at the surface, I (or my minor child) will IMMEDIATELY drop my (their) weight belt and INFLATE MY (THEIR) BUOYANCY COMPENSATOR. I understand that if I (or my minor child) want or need any assistance from the vessel, the Dive Master, or the Captain I (or my minor child) will give the proper "Diver in trouble" signal. I understand that this activity may be conducted in a remote site by time and distance from a medical facility and a recompression chamber. Nevertheless, I expressly wish to proceed with this trip.
7. I further agree that this Agreement shall be interpreted according to the laws of the State of Florida and the United States, and any dispute arising under this Agreement will be brought in the state or federal courts in the State of Florida. 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.
8. IT IS MY EXPRESS INTENTION BY SIGNING THIS INSTRUMENT TO GIVE UP MY (OR MY MINOR CHILD'S) RIGHT TO SUE ALL INDIVIDUALS, ENTITIES OR VESSELS REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT AND IT IS ALSO MY INTENTION TO EXEMPT AND RELIEVE THE VESSEL, ITS EMPLOYEES, AGENT AND DIVE BOATS WHETHER OWNED, OPERATED, LEASED OR CHARTERED FROM ALL LIABILITY ARISING AS A CONSEQUENCE OF ANY ACT OR OMISSION INCLUDING, BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE. I FULLY AGREE TO INDEMNIFY AND HOLD THESE ENTITIES NAMED WITHIN THIS DOCUMENT HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OF ANY SORT, PROPERTY DAMAGE OR WRONGFUL DEATH BY MYSELF, HEIRS AND ASSIGNEDS, AND I EXPRESSLY ASSUME ALL RISKS IN CONNECTION WITH THE ACTIVITIES OF SNORKELNG AND SCUBA DIVING.
9. BY WAY OF MY SIGNATURE GIVEN VOLUNTARILY I EVIDENCE THAT I HAVE READ FULLY AND UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY. IF I HAVE ANY QUESTIONS WITH RESPECT TO THE CONTENTS OF THIS DOCUMENT, I CERTIFY THAT I HAVE FULLY INFORMED MYSELF BEFORE SIGNING MY NAME BELOW. I FULLY AGREE TO THE TERMS AND CONDITIONS HEREIN AND REALIZE THEY ARE GIVEN IN EXCHANGE FOR THE DIVE STORE AND THE VESSEL ALLOWING ME (OR MY MINOR CHILD) TO PARTICLPATE IN THIS ACTIVITY. I UNDERSTAND THAT THIS IS A CONTRACT.

(Signature)

(Date)

(Print Name)

(Telephone)

(Home Address)

(City/State/ZIP)

(Date of Birth)

(Highest Level of Certification/Month/Year)

(Emergency Contact)

(Emergency Contact Telephone)

(Local Address)

(Local Telephone)

Participants under the age of 18 must also have a parent or guardian's signature:

(Parent/Guardian Signature)



COVID-19 EXPRESS ASSUMPTION OF RISK AND WAIVER ADDENDUM

THIS IS A WAIVER OF YOUR RIGHTS TO SUE

1. I, _____ (print participant name) UNDERSTAND THE PURPOSE OF SIGNING THIS ADDENDUM IS TO EXEMPT AND RELEASE JUPITER DIVE TRAINING INC., THE JUPITER DIVE CENTER ("DIVE STORE") AND REPUBLIC IV AND REPUBLIC VII ("VESSEL") ITS EMPLOYEES, AGENTS AND DIVE BOATS WHETHER OWNED, OPERATED, LEASED OR CHARTERED ("THE RELEASED PARTIES") AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY ARISING OUT OF MY PARTICIPATION IN DIVING OR TRIP ACTIVITIES AND SPECIFICALLY WITH REGARD TO ANY LOSS, ILLNESS, INJURY, DISABILITY OR DEATH SUFFERED BY ME DUE TO MY EXPOSURE TO COVID-19, RELATED ILLNESSES AND OTHER INFECTIOUS DISEASES.
2. Due to the current global outbreak of COVID-19 (also known as the Corona Virus, coronavirus, Novel Coronavirus, SARS-CoV-2), I agree that the Released Parties have the right to cancel or reschedule dives, trips or other activities without prior notice, limitation or justification. This policy seeks to adhere the current World Health Organization ("WHO"), Centers for Disease Control ("CDC") and other federal, state or local government recommendations.
3. I agree to comply with current hygiene and safety advice, including social distancing, recommended by the WHO, CDC, state and local health services and further agree to abide by any additional hygiene terms the Released Parties may send to me prior to my participation. Prior to my participation in any dives, trips or other activities, if I or anyone I live with or have been exposed to have tested positive or appears to have symptoms of the virus or similar illness (including but not limited to: cough, fever or respiratory symptoms, mild or otherwise) I agree I have a duty to immediately inform the Released Parties and will seek to reschedule my dive, trip or other activities to a time after I have been cleared by a physician in writing to safely participate and to provide the same to the Released Parties.
4. I understand that individuals with COVID-19 and related illnesses may be asymptomatic and I may be exposed to the virus even when myself and the Release Parties have taken every precaution to prevent such exposure and I expressly assume all such risks. I expressly assume any and all risks of possible exposure to COVID-19, related illnesses and other infectious diseases due to my participation in diving, trips or other activities with the Released Parties which includes but is not limited to any loss, injury, illness, disability or death suffered by me and possible exposure of such diseases to my family and others who I have close contact to.
5. IT IS MY EXPRESS INTENTION BY SIGNING THIS ADDENDUM TO WAIVE, RELEASE, AND DISCHARGE ANY AND ALL CLAIMS AGAINST THE RELEASED PARTIES FOR NEGLIGENCE, PERSONAL INJURY, DISABILITY OR DEATH ARISING FROM THE EXPOSURE TO OR CONTRACTION OF COVID-19, RELATED ILLNESSES OR OTHER INFECTIOUS DISEASES WITH REGARD TO ANY PERSONAL, PHYSICAL INTERACTIONS THAT OCCUR DURING MY PARTICIPATION THESE ACTIVITIES. I FULLY AGREE TO INDEMNIFY, DEFEND AND HOLD THE RELEASED PARTIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY OF ANY SORT, WRONGFUL DEATH, OR LOSS OF INCOME BY MYSELF, MY HEIRS AND ASSIGNEDS.
6. BY WAY OF MY SIGNATURE GIVEN VOLUNTARILY I EVIDENCE THAT I HAVE READ FULLY AND UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY. IF I HAVE ANY QUESTIONS WITH RESPECT TO THE CONTENTS OF THIS DOCUMENT, I CERTIFY THAT I HAVE FULLY INFORMED MYSELF BEFORE SIGNING MY NAME BELOW. I FULLY AGREE TO THE TERMS AND CONDITIONS HEREIN AND REALIZE THEY ARE GIVEN IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION

INCLUDING THE DIVE STORE AND THE VESSEL ALLOWING ME TO PARTICIPATE IN THIS ACTIVITY.

(Signature)

(Date)

(Print Name)

(Telephone/Local Telephone)

(Home Address)

(City, State, ZIP)

(Date of Birth)

(Highest Level of Certification/Month/Year)

(Emergency Contact)

(Emergency Contact Telephone)

Participants under the age of 18 must also have a parent or guardian's signature:

_____ (Parent/Guardian Signature)

ENRICHED AIR (NITROX) DIVER TRAINING

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 _____ store/resort _____ 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 of _____ store/resort _____ and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ student name _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death, and am aware of the particular hazards of scuba diving with oxygen enriched air.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I also understand that diving with oxygen enriched air ("Enriched Air") involves inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. 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, _____ store/resort _____, 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 diving 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 course, 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 all risks connected therewith, whether foreseen or unforeseen.

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 course, 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 will inspect all of my equipment prior to the activities and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

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.

ENRICHED AIR (NITROX) DIVING

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, _____, student name, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____, store/resort, 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.

Student Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)

Diver Accident Insurance? ☐ NO ☐ YES Policy Number _____