

Statement of Risks and Liability for Recreational Closed-Circuit (CCR) and/or Semiclosed-Circuit (SCR) "PADI Discover Rebreather Diver" Programmes



EU Version

PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING.

This is a Statement in which you are informed of the risks of recreational rebreather diving and training. This Statement also sets out the circumstances in which you participate in this diving programme, at your own risk.

Your signature on this Statement is required as proof that you 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 instructor.

l,	_, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER,
(Participant)	
TRAINED IN SAFE DIVING PRACTICES AND AM AT THE RISK OF SERIOUS INJURY OR DEATH.	AWARE OF THE INHERENT HAZARDS OF SCUBA DIVING INCLUDING
	ave been certified by the following training organization(s): ware of the required certification or equivalent experience required to par-
1 , ,	emiclosed-Circuit Rebreather ("SCRs") (collectively, "rebreathers") train- , and have been diving for years, with a total of approximately _ metres/feet (circle one).
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I further declare that I am thoroughly knowledgeable of the inherent hazards of participating in scuba diving activities, including training, and in consideration of being allowed to participate in this programme, I hereby assume all risks in connection with said programme, for any harm, injury or damage that I may suffer while I am participating in this programme, including all risks connected therewith, whether foreseen or unforeseen.

I further declare that I am thoroughly knowledgeable of and completely understand the inherent hazards of scuba diving, including the risk of serious injury or death. Further, I understand that diving while breathing air, oxygen-enriched air (nitrox) and 100 percent oxygen involves certain inherent risks that may include, but are not limited to: decompression sickness, embolism, oxygen toxicity, hypoxia (low oxygen), hypercapnia (high carbon dioxide), gas narcosis, fire and/or explosion hazards, barotrauma or hyperbaric injuries that can occur and require treatment in a recompression chamber, drowning and marine life injuries. I further understand that this programme 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 participate in this programme, despite the possible absence of a recompression chamber in proximity to the dive site.

I further declare that I understand that training using CCRs or SCRs involves additional risks that exceed those encountered in other scuba training. These risks may include, but are not limited to: the use of more complex equipment; gas-related hazards due to procedural or technical problems that can cause dangerously high carbon dioxide and/or oxygen levels; gas-related hazards due to procedural or technical problems that can cause dangerously low oxygen levels; the need for specialized diving techniques; the need for more stringent equipment preparation, assembly and maintenance procedures, and the more severe potential consequences of errors or equipment failures; and the need for specialized training, equipment, and planning for CCR and SCR diving. I understand that CCR and SCR training may involve a greater risk of serious injury or death than other forms of scuba training.

I declare that I am in good mental and physical fitness for diving, 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 any medication, I declare that I have seen a physician and have approval to dive under the conditions of this programme while under the influence of the medication/drugs.

I understand that all types of scuba training, including CCR and SCR training, are physically strenuous activities and that I will be exerting myself during this programme.

I will inspect all of my equipment prior to every use during this programme, ensuring that I have all necessary equipment, and that it is functioning properly.

ACCEPTANCE OF RISK

I understand that neither the dive professionals con	nducting this programme,	, nor the facility
through which this programme is conducted, nor Diving Science And Technology Corp., nor PAL	, nor PADI EM	EA Ltd., nor PADI Americas, Inc.,
their respective employees, officers, agents or assiby me, to the extent that it results from my own contributory negligence.	igns, accept any responsibility for any d	eath, injury or other loss suffered
In the absence of any negligence or other breach of the facility through	of duty by the dive professionals conducted, which this programme is conducted,	
PADI EMEA Ltd., PADI Americas, Inc., Diving Scientered to above, my participation in this diving pro-	nce And Technology Corp., PADI World	
I acknowledge receipt of this Statement and have	read and understood all the terms befor	e signing this Statement.
Participant SIgnature	Date (Day/Month/Year)	
Parent or Guardian, where applicable (Please Print)	Signature	Date (Day/Month/Year)