BOAT TRAVEL AND SCUBA DIVING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

	Sea Scan Divers S-25422
I understand and agree that PADI Members ("Members"), includir	ng
and/or any individual PADI Instructors and Divemasters associate	ed 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 it	s 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 establis	
programs, it is not responsible for, nor does it have the right to co	,
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	, , ,
estate that in the event of an injury or death during this activity, no	
PADI liable for the actions, inactions or negligence ofSea Sc	ansDivers S-25422 and/or the
instructors and divemasters associated with the activity.	

Liability Release and Assumption of Risk Agreement

Ι, _	passenger/diver	_, hereby affirm that I am a certified scuba diver
or a	a student diver under the control and supervision o	f a certified scuba instructor, and that I thoroughly
und	derstand the hazards of scuba diving including thos	se hazards occurring during boat travel to and from
the	dive site (hereinafter collectively referred to as "Ex	ccursion").

I understand that these inherent risks include, but are not limited to, drowning, air expansion injuries, decompression sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea; all of which can result in serious injury or death. I understand the Excursion will be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and emergency medical facilities. I still choose to proceed with the Excursion. By signing this Agreement, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a boat trip and scuba dive(s), whether conducted as a certified diver or a student diver in a diving class.

I understand and agree that neither the dive professional(s); nor the crew or owner of the vessel; nor the vessel itself; nor PADI Americas, Inc., nor its affiliate or subsidiary corporations; nor the owners, officers, employees, agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me or my family, estate, heirs or assigns that may occur as a result of my participation in this Excursion, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness to scuba dive. I further state that I am not under the influence of alcohol or any drugs that are contradicted to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself

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during this Excursion, 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 am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s)/vessel crew. I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly.

I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained 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 if 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 rights my heirs, assigns or beneficiaries may have to sue the I further represent that I have the authority to do so and my hestopped from claiming otherwise because of my representa	Released Parties resulting from my death. neirs, assigns and beneficiaries will be
I,, BY THIS AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/O AND RESPONSIBILITY FOR PERSONAL INJURY, PROPER DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMIT NEGLIGENCE OF THE RELEASED PARTIES, WHETHER F	R INDIVIDUALS FROM ALL LIABILITY RTY DAMAGE OR WRONGFUL ED TO, PRODUCT LIABILITY OR THE
I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THI DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AN OF RISK AGREEMENT BY READING BOTH BEFORE I SIGI MY HEIRS.	D LIABILITY RELEASE AND ASSUMPTION
Participant's Signature	Date (Day/Month/Year)
Signature of Parent or Guardian (where applicable)	Date (Day/Month/Year)
Diver Accident Insurance? ☐ NO ☐ YES Policy I	Number