



# Liability Release and Assumption of Risk Agreement

I, *James Karnse*, hereby affirm that I 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; decompression sickness, embolism or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this program 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 this program in spite of the absence of a recompression chamber or medical facility in proximity to the dive site.

The information I have provided about my medical history on the Medical Questionnaire 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 conditions.

I understand and agree that neither the dive professionals conducting this program, nor the facility through which this program is offered, *Mariana Caribbean Sports*, nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees officers, agents 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 the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks for any harm, injury or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the knowledge development confined water and/or open water activities.

I further release and hold harmless the Discover Scuba Diving program and the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this program.

I further 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 result of heart attack, panic, hyperventilation, etc., 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 that 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 that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, *James Karnse*, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS PROGRAM, THE FACILITY THROUGH WHICH THE PROGRAM IS CONDUCTED, 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 LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

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8/31/2023



By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper. You have the right to request that you sign a paper copy instead. By checking here, you are waiving that right. After consent, you may, upon written request to us, obtain a paper copy of an electronic record. No fee will be charged for such copy and no special hardware or software is required to view it. Your agreement to use an electronic signature with us for any documents will continue until such time as you notify us in writing that you no longer wish to use an electronic signature. There is no penalty for withdrawing your consent. You should always make sure that we have a current email address in order to contact you regarding any changes, if necessary.

# PADI Discover Scuba Diving Participant Statement

First Name: James  
Email: karnes.james@gmail.com  
Address: Box 77 RR # 3  
State: mb  
Country: Canada  
Birthdate: 1983-02-23

Last Name: Karnse  
Phone Number: 8296405433  
City: Brandon  
Zip Code: 23000

## Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including *Mariana Caribbean Sports* 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 *Mariana Caribbean Sports* and/or the instructors and divemasters associated with the activity.

## Diver Medical Participant Questionnaire

MedicalForm.I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance. Yes

MedicalForm.I am over 45 years of age. Yes

MedicalForm.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... Yes

MedicalForm.I have had problems with my eyes, ears, or nasal passages/sinuses. Yes

MedicalForm.I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.\*\* No

MedicalForm.I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease. Yes

MedicalForm.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 or developmental... Yes

MedicalForm.I have had back problems, hernia, ulcers, or diabetes. Yes

MedicalForm.I have had stomach or intestine problems, including recent diarrhea. Yes

MedicalForm.I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).\*\* Yes

# Diver Medical | Participant Questionnaire Continued

I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	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...	No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	No
I have had back problems, hernia, ulcers, or diabetes.	
I am over 45 years of age.	Yes
I currently smoke or inhale nicotine by other means.	No
I have a high cholesterol level.	No
I have high blood pressure.	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...	No
I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes
Sinus surgery within the last 6 months.	No
Ear disease or ear surgery, hearing loss, or problems with balance.	No
Recurrent sinusitis within the past 12 months.	No
Eye surgery within the past 3 months.	No
	Yes

I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.

Head injury with loss of consciousness within the past 5 years.	No
Persistent neurologic injury or disease.	No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	No
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 or developmental disability.	Yes
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment	No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation	No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	No
I have had back problems, hernia, ulcers, or diabetes.	Yes
Recurrent back problems in the last 6 months that limit my everyday activity.	No
Back or spinal surgery within the last 12 months.	No
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months	No
An uncorrected hernia that limits my physical abilities.	No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	No
I have had stomach or intestine problems, including recent diarrhea.	Yes

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