

# **Statement of Risk and Liability/Non-agency Acknowledgment Form**

## **PADI Swim School Programme**

**(EU Version)**

---

***Please read carefully and fill in all blanks before signing***

### **Non-Agency Disclosure and Acknowledgment Agreement**

I understand and agree that the facility through which this program is offered, and its associated staff, are licensed to use various Starfish Aquatics Institute, Inc. (SAI) and PADI Trademarks and to conduct SAI and PADI training, but are not agents, employees or franchisees of SAI or PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations (PADI). I further understand that these business activities are independent, and are neither owned nor operated by SAI nor PADI, and that while SAI establishes the standards for PADI Swim Programmes, neither SAI nor PADI is responsible for, nor do they have the right to control, the operation of the facility's business activities and the day-to-day conduct of the PADI Swim School programme and supervision of swimmers by the Members or their associated staff.

### **Statement of Risk and Liability**

This is a statement in which you are informed of the risks of swimming. The statement also sets out the circumstances in which you participate in the PADI Swim School 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. If you are a minor, this form must also be signed by a parent or guardian.

### **Warning**

Swimming has inherent risks which may result in serious injury or death. Swimming is a physically strenuous activity resulting in exertion and if injured as a result of heart attack, panic, hyperventilation, drowning or any other cause. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history. You must be in good health and have no physical condition that would prevent participation in this programme.

### **ACCEPTANCE OF RISK**

I understand and agree that neither the instructor, nor the facility through which this programme is offered, \_\_\_\_\_ (PADI Swim School Name), nor Starfish Aquatics Institute, Inc. nor PADI EMEA Ltd., nor PADI Americas, Inc., nor its affiliate or subsidiary corporations nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it results from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the instructors associated with this programme, the facility through which this programme is offered, \_\_\_\_\_ (PADI Swim School Name), PADI EMEA Ltd., PADI Americas, Inc., PADI, and all parties referred to above, my participation in this programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

---

Participant Name (Please Print)

---

Participant Signature

---

Date (Day/Month/Year)

---

Signature of Parent/Guardian (where applicable)

---

Date (Day/Month/Year)