



Statement of Risk and Liability/ Non-agency Acknowledgement Form PADI Freediver Programme (EU Version)

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 Tauchsport Käser AG 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 EMEA Ltd., 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.

Statement of Risk and Liability

This is a statement in which you are informed of the risks of freediving. The statement also sets out the circumstances in which you participate in the freediving 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

Freediving has inherent risks which may result in serious injury or death.

Freediving is a physically strenuous activity and you will be exerting yourself during this programme. You must fully inform the dive professionals and the facility through which this programme is offered of your medical history.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, nor the facility through which this programme is conducted, Tauchsport Käser AG, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their 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 result 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 dive professionals conducting this programme, the facility through which this programme is offered, Tauchsport Käser AG, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this freediving 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's name (PLEASE PRINT)

Participant's signature Date (day/month/year)

Parent/guardian signature Date (day/month/year)
(when applicable)



PADI Freediver 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 freediving. 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, _____, understand that as a freediver I should:

1. Always freedive with a trained buddy and follow established freediving buddy practices.
2. Not participate in open water freediving after scuba diving on the same day.
3. Equalize my ears and mask immediately as I descend, frequently and gently, before I feel discomfort.
4. Never continue descending without equalizing. If I can't equalize, return to the surface.
5. Never attempt a forceful and/or extended equalization. A forceful, extended equalization can cause serious, permanent injuries to ears and hearing.
6. Descend with my lungs full.
7. Freedive in good health. Never freedive with a cold or congestion.
8. Even if I'm a scuba diver, not take a breath from scuba at depth while freediving. An exception may be an emergency, in which case the scuba diver should share air with me as we both make a scuba ascent.
9. Use relaxation to extend breathhold time. Not use hyperventilation.
10. Increase breathhold durations gradually. Gain experience slowly.
11. After descending to depth, head up well within my limits. The deeper the dive, the sooner I should head up.
12. Send a diver who blacked out underwater or who may have inhaled water at the surface to the hospital, even if apparently fully recovered.
13. For open water freediving, weight myself so that I float comfortably at the surface after exhaling.
14. Remove the snorkel from my mouth when I descend on a freedive.
15. Not exhale during the dive, except immediately before breaking the surface upon ascent so I can inhale sooner.
16. Upon returning to the surface, exhale passively and gently. Inhale actively and more quickly. Do this at least three times.
17. Recover for at least three times the duration of my breathhold before starting another dive.
18. When ascending from a dive to depth, have my buddy escort me for the final part of my ascent.
19. Not start a descent until my buddy has completed recovery from a previous dive.
20. Follow the one-up, one-down buddy system.
21. Assess conditions before a freediving session and plan my session. It is ultimately me who decides whether to go freediving. I am responsible for my own safety, so only I can make the final decision to dive.
22. Avoid freediving in large and rough surf.
23. Avoid contact with all organisms, but especially unfamiliar ones. Know the potentially hazardous ones for the area where I'm freediving.
24. Get a local orientation to a new freediving location and/or join a group to help learn about conditions, organisms, hazards and local procedures.
25. Protect myself from the sun and stay hydrated.

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 freediving.

Participant's signature _____

Date _____ (day/month/year)

Parent/guardian signature _____
(when applicable)

Date _____ (day/month/year)



PADI Freediver Medical History Form

Please read carefully before signing.

Participant's Name _____ Date _____ (Day/Month/Year)

Birth Date _____ (Day/Month/Year) Sex M F

Freediving is a demanding activity and can be strenuous and you need to be in good health to participate. If you have any questions as to whether or not you are fit to freedive, consult with your physician.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in freediving activities. 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 freediving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a **YES** or **NO**. If you are not sure, answer YES. If any of these items apply to you, you must consult with a physician prior to participating in freediving.

Do you have a history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels?

Do you have a history of heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), heart murmur, known patent foramen ovale (PFO), acute pulmonary edema associated with swimming or diving, or unusual shortness of breath or chest pain during exertion?

Do you have a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe?

Do you have permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, recurring problems with ear pain during descent on aircraft, otitis media, middle ear infection, severe surfers ear or major ear surgery?

Do you have a history of tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection?

Do you have a history of asthma or asthma attacks? Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing?

Do you have a history of diabetes?

Are you presently pregnant or planning to be pregnant?

Do you have a history of a diving accident, decompression sickness, pressure injury (barotrauma) to the ear, or recurrent difficulty equalizing pressure in the ear during descent, or air embolus?

Do you take any medication on a regular basis either over-the-counter or prescribed by a physician (with the exception of birth control or anti-malarial)?

Do you have any physical and/or emotional condition not mentioned that causes you concern about being underwater or that might affect your judgment under times of physical or emotional stress?

The information I have provided about my medical history 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 condition.

Participant's signature _____

Date _____ (day/month/year)

Parent/guardian signature _____
(when applicable)

Date _____ (day/month/year)

FOR PHYSICIAN USE ONLY

Your opinion of the applicant's medical fitness for freediving is requested.

- I find no medical conditions that I consider incompatible with freediving.
- I am unable to recommend this individual for freediving.

Physician _____

Physician's signature _____

Date _____ (day/month/year)

Phone _____

Clinic/Hospital _____

STAMP