

Try Scuba Checklist

\$40

Please print out the attached Release form. Each participant must fill out a form and forward it to Splash. Minors need a parent or guardian's signature.

Please forward a copy of your Groupon with the Release to Splash.

We will call you when we receive your form and schedule your time and date.

If you will be paying by cash or credit card we will call you when we receive your Release form.

All Try Scuba events are conducted on Saturday.

**Email forms to:
Dive@splashscuba.com**

**Or fax to:
412-531-1960**

Splash Water Sports, Inc.

Facility Name

Try Diving Pool Event

REGISTRATION INFORMATION – Please print

Name (First, Last) _____ DOB: (dy/mo/year) _____

Address _____ Gender ___ Male ___ Female

_____ email: _____

City, State/Province

Country, Zip/Postal Code

Phone (home) _____ (cell) _____

Emergency Contact Information

Name/Relationship _____ Phone _____

STATEMENT OF RISK AND LIABILITY/NON-AGENCY ACKNOWLEDGMENT

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

Splash Water Sports, Inc.
Live Center/Facility Name

any individual PADI Instructors and Divemasters associated with the programme 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 skin and scuba diving. The statement also sets out the circumstances in which you participate in the 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, please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

(continued on reverse)

Warning

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips that are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history. I understand the Try Diving Event is a programme developed and used by Splash Water Sports, Inc. and not PADI.

Dive Center/Facility Name

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, nor the facility through which this programme is conducted, Splash Water Sports, Inc.

Dive Center/Facility Name

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 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 dive professionals conducting this programme, the facility through which this programme is offered, my participation in this diving 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 Signature

Date _____
Day/Month/Year

Parent/Guardian Signature (where applicable)

Date _____
Day/Month/Year