PADI Discover Scuba Diving Participant Statement

Please read the following paragraphs carefully and fill in all blanks before signing.

This statement, which includes a Medical Questionnaire, Discover Scuba Diving Safe Practices Statement and a Statement of Risks and Liability, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving programme. Your signature is required to participate in the programme. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire, the Discover Scuba Diving Safe Practices and the Statement of Risks and Liability) signed by your parent or guardian.

You will also need to learn from the instructor the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this programme.

The purpose of this medical history questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving 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, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

Name	Relationship	Phone					
	GENCY CONTACT INFORMATION						
Parent/0	Guardian Signature (where applicable)	Date Day/Month/Year					
Participa	ant Signatur						
		Date Day/Month/Year					
Participa	ant Name						
	20 , caa.c a , cca. c. a.coa c. cpa opacc c.	pa (c.a.a.a. pa.a. c. a.g. apa.a.).					
	Do you have a history of back, aim of leg problems followed by you have a history of fear of closed or open spaces or	<i>z</i> , , , , , , , , , , , , , , , , , , ,					
	Do you have a history of back, arm or leg problems follow	ving an injury fracture or surgery?					
	Do you have a history of seizures, blackouts or fainting, c them?	onvulsions or epilepsy or take medications to prev	ent				
	Do you have a history of diabetes?						
	Do you have a history of bleeding or other blood disorder	s?					
	Are you over 45 and have a family history of heart attack or stroke?						
	Do you have a history of high blood pressure, angina, or take medication to control blood pressure						
	Do you have a history of colostomy?						
	Are you or could you be pregnant?	stem disorder.					
	Do you have behavioural health problems or a nervous sy	vstem disorder?					
	Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?						
	Do you have active asthma or history of emphysema or tuberculosis?						
	Have you had a collapsed lung (pneumothorax) or history of chest surgery?						
	Are you currently suffering from a cold, congestion, sinus	itis or bronchitis?					
	Do you have a history of ear disease, hearing loss or problems with balance?						
	Do you currently have an ear infection?						

Discover Scuba Diving Safe Diving Practices Statement

These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving.

- I understand that upon completing the Discover Scuba Diving programme, I will not be qualified to dive independently without a certified professional guiding me.
- To equalize my ears and sinus air spaces, I will need to blow gently against pinched nostrils every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should stop my descent and alert my instructor.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should respect underwater life and not touch, tease or harass an underwater organism since it may harm me and/or I may harm it.
- I can seek further training from any PADI Dive Centre, Resort and Instructor to become certified to dive without a professional guide.

Statement of Risks and Liability	
I (participant name),and scuba diving have inherent risks which may result in	, hereby affirm that I am aware that skin serious injury or death.
I affirm I have read and understand the Safe Diving Pract satisfaction. I understand the importance and purposes o for my safety and well being, and that failure to adhere to	of these established practices. I recognise they are
I understand that diving with compressed air involves ce embolism or other hyperbaric injury can occur that requi further understand that this programme may be conduct distance or both, from such a recompression chamber. I spite of the absence of a recompression chamber in prox	re treatment in a recompression chamber. I ted at a site that is remote, either by time or still choose to proceed with this programme in
The information I have provided about my medical history best of my knowledge. I agree to accept responsibility for existing or past health conditions. I further understand the strenuous activities and that I will be exerting myself dure.	or omissions regarding my failure to disclose any hat skin diving and scuba diving are physically
I further state that I am of lawful age and legally comper or that I have acquired the written consent of my parent	
I understand and agree that neither the dive professiona, nor the facility through which this	
affiliate or subsidiary corporations, nor any of their respe (hereinafter referred to as "Released Parties") accept any suffered or caused by me or resulting from my own cond that amounts to my own contributory negligence.	ective employees, officers, agents or assigns y responsibility for any death, injury or other loss
In the absence of any negligence or other breach of duty programme,, PADI Europ	, the facility through which this programme is pe AG, PADI International Ltd., PADI Americas,
Inc., and all released entities and released parties as defi programme is entirely at my own risk.	ined above, my participation in this diving
I have fully informed myself of the contents of this State signing it.	ment of Risks and Liability by reading it before
Participant Name	
Participant Signature	Date Day/Month/Year
Parent/Guardian Signature (where applicable)	Date Day/Month/Year
EMERGENCY CONTACT INFORMATION	
Name Relationship	Phone ()

Participant Information

Your personal information is required for PADI's Quality Management Process. Please complete the following details using Black or Blue ink in CAPITAL letters.

Name	Middle Version	Last	Sex 🗖 M 🔲 F
	Middle Inidal		
City		Region	
Post Code	Country _		
Phone ()	Wor	k Phone ()	
Email		Birth I	Date
the student befo	OI Professionals — Tre they can be regis	stered.	st be acknowledged by
AG or PADI Internat shared with other PA	ional Limited and used	to manage your applic s for administration pu	vill be held by PADI Europe cation. They may also be urposes. For more details cy Policy which can be
			products, services and be contacted in this way
Stores, other diving interest to you, so the and promotions by each of the store of	nat they may contact yo	selected third parties ou with information ab	companies, PADI Dive that we think would be of bout their products, services hay pass on your details to
Training Rec		the relevant box and f	ill in only the section that ha
☐ Discover Scuba D	iving experience		
PADI Member Name	:	PADI No:	Date:
☐ Confined Water [Dive One		
PADI Instructor Nam	۵.	PADT No:	Date:

How to easily register your Discover Scuba Diving Participants Online:

PADI No:

Date:

- 1. Log on to the PADI Pros' area of padi.com Pro Login
- 2. Click the Members' Toolbox (old Pros' area) / Online Services (new Pros' area)
- 3. Click Discover Scuba Diving Registration (DSD)
- 4. Fill in the details

Open Water Dive One
PADI Instructor Name:

Remember, registering Discover Scuba Diving participants entitles both the PADI Member and Dive Centre to student credits.

Alternatively you can photocopy this page and mail it to: DSD Registrations, PADI Europe AG, Oberwilerstrasse 3, CH-8442 Hettlingen, Switzerland

Discover Scuba Diving Knowledge and Safety Review

To continue with your Discover Scuba Diving experience, you must complete this review under the direction of your PADI Professional before getting in the water.

- 1. Upon completing this experience, I will be qualified to dive independently without a certified professional guiding me.
- 2. To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.
- 3. I should equalize every few feet/one metre while descending.
- 4. If I have discomfort in my ears or sinuses during descent, I should continue downward.
- 5. Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- 6. I should add air to my buoyancy control device (BCD) to float at the surface.
- 7. The "caution zone" on my air gauge indicates that I have plenty of air in my tank and that I may continue diving.
- 8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.
- 9. I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong.

Check the appropriate box in response to questions above.

	True	False		True	False	
1.			6.			
2.			7.			
3.			8.			
4.			9.			
5.						
Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.						
Participa	nt Signature		Date	Day/Month/Year		

Flying After Diving Recommendations

- 1) For single dives within the no decompression limits, a minimum pre-flight surface interval of 12 hours is suggested.
- 2) For repetitive dives and/or multi-day dives within the no decompression limits, a minimum pre-flight surface interval of 18 hours is suggested.
- 3) For dives requiring decompression stops, a minimum pre-flight surface interval greater than 18 hours is suggested.

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