

# Sarnia Underwater Club

## Membership Application

Name:	
Address:	
City:	
Province/State:	
Postal Code:	
Phone No.:	
E-Mail Address:	
Emergency Contact:	
Emergency Contact Phone No.:	

Send SUC newsletter to:	<input type="checkbox"/> Home Address <input type="checkbox"/> E-mail Address
Release e-mail address and/or phone no to other SUC members	<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification Agency:	
Certification Level:	
Certification Number:	
Verified By:	

**SARNIA UNDERWATER CLUB**

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,  
ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE**

**PLEASE READ CAREFULLY**

NAME: \_\_\_\_\_ DATE OF BIRTH : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Year/Month/Day

ADDRESS: \_\_\_\_\_  
Street City Postal Code Phone

**TO: SARNIA UNDERWATER CLUB, its members, officers, divemasters and volunteers (herein the "Releasees")**

**Assumption of Risks**

I hereby affirm that I am a certified diver and that I am cognizant of all the inherent dangers of S.C.U.B.A. diving, and of the basic rules of safe underwater activities. I am aware that participation in snorkel and/or S.C.U.B.A. activities involves many risks, dangers and hazards including, but not limited to: boarding, traveling on and disembarking from dive tenders; changing weather, water and surface conditions; equipment malfunction or failure; harmful or dangerous marine life; physiological and psychological hazards related to underwater diving; failure to dive within one's own ability; negligence of other divers and/or negligence on the part of the Releasees or its staff. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting therefrom.

**Release of Liability, Waiver of Claims And Indemnity Agreement**

In consideration of the Releasees permitting me to participate in snorkel and/or S.C.U.B.A. activities and permitting my presence on or use of dive tenders, docks, equipment, parking or other facilities which it may have engaged (hereafter referred to as the "Diving Facilities") I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I may have in the future against the Releasees.
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my use or the presence on the Diving Facilities due to any cause whatsoever, INCLUDING NEGLIGENCE OR BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY DUTY OF CARE AND/OR BREACH OF THE OCCUPIER'S LIABILITY VACT, R.S.O. 1990 c.0.2 ON THE PART OF THE RELEASEES;  
Initial Here \_\_\_\_\_
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability of any property damage or personal injury sustained by any party, resulting from my use or presence on the Diving Facilities. This agreement shall be in effect and binding on heirs, next of kin, executors, administrators, and assigns, in the event of my death or incapacity.

In entering into this Agreement I am not relying on any oral or written representations or statement made by the Releasees, other than what is set forth in the Agreement. This Agreement shall be governed by and interpreted in accordance with the laws of Ontario.

Please check one (1) of the following statements, then initial;

- I am currently a paid up member of the Sarnia Underwater Club and am in good standing in the club. **-OR-**
- I am **NOT** currently a member of the Sarnia Underwater Club Check **one** of the above and initial here \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THIS AGREEMENT PRIOR TO SIGNING IT, AND AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**

This agreement must be completed in full, dated, signed, initialed (where indicated) and witnessed before participating in Diving Activities will allowed.

\_\_\_\_\_  
Signature of Participant

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent or Guardian If Applicant is under 18 years of age

\_\_\_\_\_  
Signature of Witness

# STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. 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 diver I should:  
(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny the use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advise of those supervising my diving activities.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation, and emergency procedures – with my buddy.
6. Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level training and experience. Ascend at a rate of not more than 18 meters/60 Feet per minute.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air. And avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

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 diving.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of parent or Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)