



WAIVER & LIABILITY RELEASE & Registration

Office Use: Paid: Cash/VISA/M/C, Cheque, pre paid online

Participant Fee for Diver: \$ 20 pp = \$ _____

Non Diver (all welcome): @\$5 x _____ = \$ _____

AUC Membership Renewal: Individual: 1Yr:\$20 _____ (if applicable, payable to the AUC)

GRAND TOTAL PAID: \$ _____



WAIVER REQUIRED for each Diver, Participant or Volunteer. PLEASE PRINT CLEARLY, READ CAREFULLY & ADD YOUR INITIALS BELOW:

Name: _____ Buddy's Name: _____ OR Need Buddy? Y / N

Address: _____ DOB: _____ m/d/y

City/Town: _____ Prov: _____ Postal Code: _____

Hm Phone #: _____ Email: _____ *AUC eNEWS? Y/N

Emergency Contact's Name: _____ Ph #: _____

Relationship to you: _____ Are they present here at this event? Y / N

Scuba Certification # _____ Level: Circle: OW, AOW, Rescue, DM, Instructor OR _____

Scuba Agency: Circle: ACUC, NAUI, PADI, PDIC, SSI, SDI/TDI, or Other: _____ (if applicable)

Note: AUC Membership is required for all events & info above is used for automatic AUC FREE 1st year Membership! AUC renewal notice sent on 1st yr anniversary. AUC Membership Renewal: Individual: \$20 dYf mYf

*AUC eNEWS: Please indicate Y/N to sign-up for timely Email News for reminders about AUC dive events/lake cleanups, scuba clubs, safety, etc.

Liability Release and Express Assumption of Risk for AUC Event

Please read carefully, fill in all blanks and initial each paragraph before signing below:

I, _____ affirm I, as a participant/certified scuba diver, volunteer,

(Please clearly print your name again here)

Or have otherwise been advised and thoroughly informed of the inherent risks and hazards of this event.

YOU MUST "INITIAL" each paragraph below after reading.

_____ I further understand this AUC Event might be conducted at a site that is remote, either by time or distance or both, from medical attention or facilities such as a recompression chamber. If applicable, I understand diving compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur even in the recompression chamber. I still choose to participate in the event and related activities or dives in spite of the possible absence of medical facilities and a recompression chamber in proximity to the site (s).

_____ In consideration of being allowed to participate in this event, I personally assume all risks in connection with the event for any harm injury or damage that may befall me while participating in this AUC Event including all connected risks, whether foreseen or unforeseen.

_____ I further save and hold harmless the Alberta Underwater Council, its servants, agents and representatives from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this AUC Event including both claims arising during the event or after.

_____ I also understand snorkeling, skin diving, scuba diving, boating, paddling, hiking are physically strenuous activities and I will be exerting myself during this AUC Event and, if I am injured as a result of heart attack, panic, hyperventilation, etc. I expressly assume the risk of said injuries and I will not hold the above listed individuals, representatives, clubs, entities, sponsors or companies responsible.

_____ I also understand that any activities on or around swimming pools, rivers or other natural bodies of water may cause injury or death due to slippery surfaces, hazards, trees, branches and/or other debris or items in or near the water causing falls, impact, entanglement, drowning or near drowning or other perils. I understand these risks foreseen and unforeseen and expressly assume these risks and will not hold any of all of the above individuals, representatives, clubs, entities, sponsors or companies responsible.

_____ I further state I am of lawful age and legally competent to sign this liability release and/or I have acquired the written consent of my parent or guardian (please sign below where applicable).

_____ I understand the terms here are contractual and not a mere recital and I have signed this document of my own free act. I understand and acknowledge this is a legally binding document.

_____ PHOTO/VIDEO RELEASE: Yes, I hereby give permission for images of myself/child/family, captured during regular activities or events of the Alberta Underwater Council through video, photo and digital camera to be used solely for the purposes of the AUC's promotional material, publications, Facebook, website, etc., and waive any rights of compensation or ownership thereto.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO

(Please clearly print your name again here!)

ABSOLVE THE ALBERTA UNDERWATER COUNCIL, THE HOSTING CLUBS, THEIR MEMBERS, ENTITIES, COMPANIES, SPONSORS, REPRESENTATIVES OR AGENTS AND SUCCESSORS OF ALL RESPONSIBILITY AND LIABILITY RESULTING FROM ANY ACCIDENT OR MISHAP THAT MAY OCCUR DURING, OR IN RELATION TO, ANY AND ALL EVENTS AND ACTIVITIES OF THIS "AUC EVENT". I HEREBY INDEMNIFY AND SAVE HER MAJESTY HARMLESS FROM AND AGAINST ALL CLAIMS, DEMANDS, LOSSES, COSTS AND EXPENSES IN ANY MANNER BASED UPON, ARISING OUT OF, OR CONNECTED WITH, THIS "AUC EVENT".

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Certified Scuba Diver/Participant/Volunteer

Date

Signature of Parent and/or Guardian (where applicable)

Date

Thanks for your participation! Dive Safe Always, Have Fun! albertaunderwatercouncil.com