Open Water Weekend

Waiver form for CURRENT OAKVILLE STUDENTS

_____
OPEN WATER DATE

Name: _____ Course Date: _____
LAST FIRST

EMERGENCY CONTACT:

Name: _____ Relationship: _____
LAST FIRST

Home Phone: _____ Other Phone: _____

I hereby declare that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death, including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea.

I will inspect all of my equipment prior to the activity and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

In consideration of being allowed to participate in this course, hereinafter referred to as “program,” I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said experience and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this experience, including both claims arising during the experience or after I complete the experience.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

It is my intention by this instrument to exempt and release the Dive Professionals, the facility through which this experience is offered, Oakville Divers, & all related entities, from all liability or responsibility whatsoever for personal injury, property damage or wrongful death, however caused, including but not limited to the negligence of the Released parties, whether passive or active.

I FURTHER STATE THAT I AM OF LAWFUL AGE AND LEGALLY COMPETENT TO SIGN THIS LIABILITY RELEASE, OR THAT I HAVE ACQUIRED THE WRITTEN CONSENT OF MY PARENT OR GUARDIAN. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

_____
SIGNATURE
If under 18 Parent/Guardian signature required

_____
DATE

☐- Make sure student has current signed medical on file.
☐- Make sure student has signed all waivers in accordance with their student record envelope.
- If student is under 18 please have parent/guardian sign ***PADI - Emergency Treatment Consent*** form & that we have a completed and signed ***Youth Diving Risks*** form on file.

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