



Membership Application

New Application

Renewal Application

| | | | | | | |
|-------------|-----------------|------------------------------|------------------------------|-------------------------------|-------------------------------|------------------------------|
| Last Name: | | Mr. <input type="checkbox"/> | Ms. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Miss <input type="checkbox"/> | Dr. <input type="checkbox"/> |
| First Name: | | Middle Initial: | | | | |
| Address: | | Unit / Apt: | | | | |
| City: | Province: | Postal Code: | | | | |
| Email: | | Birth date:(dd / mm / yyyy) | | | | |
| Home Phone: | Business Phone: | Cell Phone: | | | | |

Ontario Underwater Explorers distributes a membership list to each member of the club. Please indicate below any information that you do **NOT** want published in the membership list:

- Address Email
 Home Phone Business Phone Cell Phone

Any medical conditions that might affect your fitness to dive? (NO or YES answer required) Date of Last Medical (mm / yy):

I agree to abide by the Constitution, Bylaws, and Policies of the Ontario Underwater Explorers.

Signed: _____ Date (dd/mm/yy) _____

| Diving Information TO BE COMPLETED BY CERTIFIED DIVERS ONLY | | | | |
|--|--------|----------|------------|---------------------------|
| Certification Level | Agency | Serial # | Instructor | Date Certified (dd/mm/yy) |
| | | | | |
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Years of Diving: _____ Number of Dives: _____ Do you keep a log book? Y N

- Diving Experience:**
- Wreck Night Lake Ice Commercial
 Cave Quarry Ocean Tropical Other: _____

Where did you hear about Ontario Underwater Explorers?

Membership use only: CERTIFICATION CARD CHECKED ABOVE REQUIRED INFORMATION CHECKED

Total Received \$ _____ Accepted By: _____ Date Accepted dd / mm / yy

Liability Release and Express Assumption of Personal Risk

This is a release to your rights to sue. This release may be used against you in a court of law if you sue any released party or person. Please read it carefully, seek legal advice if you do not understand this document, fill in all blanks and initial each paragraph before signing

I, (name) _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of skin diving and scuba diving.

INITIALS

Further, I understand that diving with compressed air or other gases involves certain inherent risks; decompression sickness, embolism, or other Hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the diving activities, in which the Ontario Underwater Explorers SCUBA Club engages from time to time, may be conducted at a site that is remote, either by time or distance, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

INITIALS

I agree to only participate in scuba diving activities that are within my certified training and previous experience and I further agree that the Dive Director or executive member or any person supervising the dive for the club or dive charter operator shall have the right to refuse to allow a Ontario Underwater Explorers member to dive if their equipment, training or health does not appear to be appropriate for the dive, in the interests of the safety of all divers in the dive group.

INITIALS

I also understand that I am responsible for the care and maintenance of my own equipment (which must be appropriate for the type of dive planned) and which should be serviced according to the manufacturer's recommendations (usually at least once a year), to prevent incidents caused by avoidable malfunctions.

INITIALS

I understand and agree that neither the Ontario Underwater Explorers SCUBA Club, nor its officers, members (past and present), agents, sponsors or assigns (hereinafter referred to as Released Parties) may be held liable or responsible in any way for any injury, death, or damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving activity as a result of the negligence of any party, including the Released Parties, whether passive or active.

INITIALS

In consideration of being allowed to participate in diving activities, I hereby personally assume all risks in connection with said activity, for any harm, injury, or damage that may befall me while I am engaged in this activity, including all risks connected therewith, whether foreseen or unforeseen.

INITIALS

I further save and hold harmless said organization and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my association with, and participation in the Ontario Underwater Explorers SCUBA Club activities and or events.

INITIALS

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during such activity, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or Released Parties responsible for the same.

INITIALS

I understand that in the course of getting to and from many shore diving sites, it will be necessary for me to negotiate treacherous terrain, steep grades, loose gravel, slippery rocks and surfaces. I understand that crossing this terrain, especially while carrying equipment can pose the risk of a fall or injury from losing my footing. I also understand that diving from a boat poses additional hazards like slippery boat decks and movement caused by wave action, which could cause me to lose my footing, fall and be injured, especially while carrying or wearing equipment. In consideration of being allowed to participate in this diving activity, I hereby personally assume all risks in connection with getting to and from said activity, for any harm, injury, or damage that may befall me while I am engaged in such activity, including all risks connected with traveling to and from the dive site, whether foreseen or unforeseen.

INITIALS

I further state that I am of lawful age and legally competent to sign the liability and release, or that I have acquired the written consent of my parent or guardian and have given every opportunity to review with legal counsel.

INITIALS

I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and provided any time I require to seek legal advice prior to signing this release.

It is the intention of (name) _____ by this instrument to exempt and release the Ontario Underwater Explorers SCUBA Club, its officers and members and all related entities as defined above 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 have fully informed myself of the contents and all legal consequences of this liability release and express assumption of risk by reading it before I signed it on behalf of myself and any and all heirs.

Signature: _____ Date: _____
(plus signature of parent or guardian -where applicable)

Witness Signature: _____ Date: _____