

Solitary Islands Underwater Research Group

Waiver Form for Participation in the Coffs Coast Sea Slug Census

DECLARATION

1. I declare that:
 - (a) I am a certified scuba diver, trained in safe diving practices;
 - (b) I am voluntarily engaging in these activities for enjoyment, relaxation or leisure;
 - (c) I am in good mental and physical fitness for diving;
 - (d) I am not under the influence of alcohol or drugs that are contra indicatory to diving;
 - (e) if I am taking medication, I have approval from a physician to dive while under the influence of that medication; and
 - (f) I will inspect all of my equipment prior to diving.

ACKNOWLEDGEMENT OF RISKS

2. I am aware that:
 - (a) skin and scuba diving are potentially dangerous recreational activities;
 - (b) there are inherent risks associated with skin and scuba diving, including decompression sickness, embolism and other hyperbaric injuries which may result in death or serious incapacity;
 - (c) the injuries of the type referred to above require treatment in a recompression chamber and that diving may be conducted at a site that is remote, either by time or distance or both, from a medical treatment facility;
 - (d) skin and scuba diving are physically strenuous activities and may cause personal injury, trauma or death;
 - (e) scuba diving involves the use of equipment that may malfunction giving rise to the risk of personal injury, trauma or death;
 - (f) skin and scuba diving may involve exposure to the natural elements such as storm, wind, tide and marine life that may cause personal injury, trauma or death; and

(g) I am not covered by the Solitary Islands Underwater Research Group’s personal accident insurance and that I am responsible for having appropriate insurance to cover my participation in this activity.

RELEASE AND WAIVER

3. I agree to:

(a) assume all risks and dangers and all responsibility for any losses or damages arising from my participation in the Coffs Coast Sea Slug Census; and

(b) release, waive, discharge, hold harmless, defend and indemnify the Solitary Islands Underwater Research Group and all of its employees, officers and agents from all claims, actions, suits, demands, damages, interests and costs I or my family may have, either now or in the future, arising out of, or as a consequence of, my participation in the Coffs Coast Sea Slug Census.

Signed, sealed and delivered.

.....
Signature of participant

.....
Signature of witness

Name of participant (printed)

Name of witness (printed)

Date:

Note: To complete this pdf form participants can complete it by ‘hand’, scan it and then email it to: info@surg.org.au

Alternatively, it can be filled in using a pdf reader such as Adobe Reader or editors such as Adobe Acrobat Pro or PDFelement. If choosing to submit your form this way use the ‘Fill & Sign’ or ‘Stamp’ tools to complete the signatures. Text and Date fields can be completed by typing in the required information. Save the completed registration form by appending your name to the existing file name and email it to the address above.