



## **DIVER REGISTRATION FORM and WAIVER**

**(Please Read Carefully, Sign and Return with your Data Sheets\*)**

NAME \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Diver Certification Card Number and Level

### **RESIDENCE ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ email \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I, \_\_\_\_\_, the undersigned and, in the event the undersigned is under nineteen years of age, the undersigned's parent or guardian, for and in consideration of the granting of permission by the Board of Directors of the Vancouver Aquarium Marine Science Centre, to engage in SCUBA Diving under the auspices of the Vancouver Aquarium Marine Science Centre, hereby holds harmless and releases and forever discharges the Board of Directors of the Vancouver Aquarium Marine Science Centre and all of the Board's agents, officers, assistants, and employees and their successors, from any and all claims and demands whatsoever which the undersigned and the heirs, representatives, executors and administrators thereof, or any other persons acting on their behalf or on behalf of their respective agents have or may have against the said Board of Directors of the Vancouver Aquarium Marine Science Centre or any or all of the above mentioned persons or their successors, by reason of any accident, illness, injury or death, or other consequences arising or resulting directly or indirectly from participation in SCUBA Diving under the auspices of the Vancouver Aquarium Marine Science Centre and occurring during said participation, or at any time subsequent thereto.

### **STATEMENT OF UNDERSTANDING**

I affirm that in undertaking diving activity under the Vancouver Aquarium Marine Science Centre auspices, I do so voluntarily for purposes of study or research or related Vancouver Aquarium Marine Science Centre work. I understand that diving and related support activity are demanding and exacting activities requiring skill and continuous practice. I am willing to accept the risks and responsibilities for my own actions.

\_\_\_\_\_  
(Participant) Date: \_\_\_\_\_

(\*Waiver may be signed online at [www.vanaqua.org/lingcodsurvey](http://www.vanaqua.org/lingcodsurvey))