Canadian Sport Divers Inc.

MEMBERS	HIP RENEWAL FORM	Belleville, Ontario, Canada	
PERSONAL	L INFORMATION		
Name:		Phone Number(s):	
Address:		Res: ()	
City:		Cell: ()	
Province:	Postal Code	Bus: ()	
Email		Data of Diate.	
Would you I	like your contact information (Name, Residence Phone	Number and Email Address) to be made	
available to	other club members?		
DIVER INFO	ORMATION		
Highest leve	el of certification:		
	nber for highest level of certification:		
Certification	Agency: (PADI, NAUI etc.)	Year Certified:	
Specialty Co	ourses Taken:		
First Aid: [□ No □ Yes Year C.P.R:	□ No □ Yes Year	
How many o	dives did you do last season?		
MEDICAL I	NFORMATION		
Health Card	d Number:		
	oblems: (i.e. allergies)		
	Contacts: (Please provide one contact, if possible, that		
Name:	Phone Number:	Relationship:	
Name:	Phone Number	Relationship:	
MEMBERS	HIP INFORMATION		
Basic Single	e Membership	\$53.00 🔲	
Basic Household Membership (includes 2 members)		\$86.00 🔲	
Additional Household Members		@ \$40.00 =	
Note: Hous	sehold members must reside at the same address!		
		Total 🔲	
MEMBERS	HIP AGREEMENT		
<u>Have You</u>	1. Read, understood and agree to abide by all club rules and guidelines as attached.		
	2. Carefully read, understood, dated, signed, initialed (paragraph 2) and had witnessed the club		
	waiver form on the second page of this members	ship form.	
Signature:	Date:		

Release Form

Canadian Sport Divers Inc.

Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement

By signing this document you will waive certain legal rights, including the right to sue

Please read carefully

Name		Date of Birth
	Last / First / Initial	Month / Day / Year
Address		
To: Canad	dian Sport Divers and their Directors, Officers, Representat	tives, Agents and Volunteers (herein the "Releasees")
I am aware disembark physiologic the part of	ing from dive tenders, changing weather, water and subsurface cal and psychological hazards related to underwater diving, failu	ks, dangers and hazards including but not limited to: boarding, travelling on and conditions, equipment malfunction or failure, harmful or dangerous marine life, re to dive safely or within one's own ability, negligence of other divers and negligence on ich risks, dangers and hazards and the possibility of personal injury, death, property damage
In consider	Liability, Waiver of Claims and Indemnity Agreement ration of the Releasees permitting me to participate in scuba act as the Diving Facilities) I hereby agree as follows:	ivities and permitting my presence on or use of its equipment or other facilities (hereafter
1.	TO WAIVE ANY AND ALL CLAIMS that I may have in the future	against the Releasees.
2.	result of my use of or my presence on the diving facilities due	oss, damage, injury or expense that I may suffer or that my next of kin may suffer as a to any cause whatsoever INCLUDING NEGLIGENCE OR BREACH OF CONTRACT, OR OF THE OCCUPIER'S LIABILITY ACT, R.S.O. 1990 c. O. 2 ON THE PART OF THE RELEASEES;
		Initial here
		ly and all liability for any property damage or personal injury sustained by any third party his Agreement shall be effective and binding upon heirs, next of kin, executors, acity.
_	; into this Agreement I am not relying on any oral or written rep t. This Agreement shall be governed by and interpreted in accor	resentations or statements made by the Releasees, other than what is set forth in this rdance with the laws of Ontario.
AM WAI		TO SIGNING IT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I RS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY
Signed this	sday of20	
		Signature of Participant
 Witness		Signature of Parent or Guardian if Applicant is under 18 years of age

THIS AGREEMENT MUST BE COMPLETED IN FULL, DATED, SIGNED, INITIALLED (PARAGRAPH 2) AND WITNESSED BEFORE PARTICIPATION IN DIVING ACTIVITES WILL BE ALLOWED.

Please Print Parent or Guardians Name Clearly