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With support from



LIABILITY RELEASE AND ASSUMPTION OF RISK FOR SUPERVISION OF CERTIFIED DIVERS

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF YOUR RIGHTS TO SUE THE MANITOBA UNDERWATER COUNCIL, SPORT MANITOBA, THE GOVERNMENT OF MANITOBA, THE GOVERNMENT OF CANADA, ALL ASSISTING DIVE STORES AND ALL THEIR EMPLOYEES, AGENTS, VOLUNTEERS AND ASSIGNS (HEREIN AFTER "RELEASED PARTIES") FOR PERSONAL INJURIES OR WRONFUL DEATH THAT MAY OCCUR DURING DIVE ACTIVITIES AS A RESULT OF INHERENT RISKS ASSOCIATED WITH SCUBA DIVING OR AS A RESULT OF THE NEGLIGENCE OF THE RELEASED PARTIES.

1. I acknowledge that I am a certified scuba diver trained in safe diving practices
2. I am aware of the risks inherent in this sport and accept these risks.
3. I am in good mental and physical fitness for diving, and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs.
4. I am aware of the dangers of breath holding while scuba diving, and I will not hold the Released Parties and related entities (such as employees, instructors, certified assistants, volunteers, or diver training agencies) responsible if I am injured doing so.
5. I am aware that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the Released Parties responsible for my failure to safely plan my dive.
6. I will inspect all of my equipment prior to the planned activities 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.
7. I acknowledge that I am physically fit to scuba dive, and I will not hold the Released Parties responsible if I am injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.
8. I understand that even though I will follow all of the appropriate dive practices, there will still be some risk of my sustaining decompression sickness, embolism, or other hyperbaric injuries, and I expressly assume the risk of all said injuries.
9. I expressly assume the risk and accept all responsibility to plan my dive and dive my plan.
10. I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during the planned dive activities, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume all the risk of said injuries and that I will not hold the Released Parties responsible for the same.
11. I understand that on this open-water diving activity, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot.
12. IT IS THE INTENTION OF _____ (Diver's Name – Printed) BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE MANITOBA UNDERWATER COUNCIL, SPORT MANITOBA, THE GOVERNMENT OF MANITOBA, THE GOVERNMENT OF CANADA, ALL ASSISTING DIVE STORES, AND ALL ENTITIES AS DEFINED ABOVE FROM ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND RELEASE BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Diver _____ (Date)

Signature of Parent or Guardian _____ (Date)
(where applicable)

Signature of Witness _____ (Date)
(where applicable)