



4D Diving & Adventures Club

Join in the 4th Dimension for fun safe diving!

www.4ddiving.com 562 St Vincent St. Barrie, ON, L4M 7E8
(705) 725-2855 info@4ddiving.com

Membership Form

Please complete all of the blue areas. If you are printing in black and white then fill in all of the blank lines.

Membership is for the calendar year January 1st until December 31st 2010.

Membership	First Time Member (Includes refresher for theory and water skills)	Renewals
Regular Diving Member	\$ 120	\$ 80
Family Membership (one form per family, include each name and information).	\$255	\$ 175
Long Distance Member \$30	\$70	\$ 30
Non Diver \$30	\$ 30	\$ 30
Honorary or Life Member	No Charge (form required)	No Charge (form required)

Guests: Please note that guests are always welcome to come out two times and check us out before joining. Just bring this completed form and present it to the Dive Master.

Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Email address: _____

Date of Birth: _____ Are you 18 years of age or older Yes /No _____

In case of an emergency contact _____ at Phone # _____

DIVING INFORMATION

Certifying Agency: _____ Date of Certification: _____ Certification # _____

Highest / Current Level of Diving Certification: _____

Date of last dive activity: _____ Was this is the Pool or in the Open Water?: _____

4D Diving and Adventures Waiver

AFFIRMATION, ASSUMPTION OF RISK, LIABILITY RELEASE AND INDEMNITY FOR CERTIFIED DIVERS

For and in consideration of being allowed to participate in scuba diving, skin diving and other activities arising from or in conjunction with "4D Diving", such activities planned to extend from (today's Date) _____ until December 31st 2009 inclusive, I, _____ (Print Name), hereby voluntarily and knowingly release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage, and wrongful death, including but not limited to loss of services, occurring to me, which may arise as a result of engaging in, receiving instructions about, or in conjunction with, any activities incidental to such activities, wherever or whenever such may occur.

I further agree TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releases):

(Owners of 4D Diving): William and Kelly Doran

(Instructor/s / Divemasters providing supervisory services): William Doran and 4D Diving Instructors, Dive Masters, Dive & Surface Controllers

(Facility/ies organizing the activity or trip) 4D Diving and Adventures, Seneca College, ACUC, ISI Certifications

(Others) _____

IT IS MY INTENTION, BY SIGNING THIS DOCUMENT, TO EXEMPT AND RELIEVE THOSE RELEASEES IDENTIFIED ABOVE AND THEIR AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH AND LOSS OF SERVICES WHETHER CAUSED BY NEGLIGENCE OR GROSS NEGLIGENCE OR OTHERWISE. **By signing this document, I acknowledge that I assume the risk of personal injury, property damage, wrongful death or loss of services upon myself.**

I further agree that in the event that I, my heirs, executors, administrators and assigns, prosecute any such claim against any of those Releases identified above, I shall indemnify and hold them harmless from any and all loss or liability, including costs and attorney's fees. I further agree to observe strictly and comply with such additional reasonable terms and regulations, as those Releases identified above may from time to time deem desirable or needful to prescribe before or during these activities.

This document shall be binding upon me and my heirs, executors, administrators and assigns.

I further acknowledge:

1. Although I am a certified scuba diver, I have attended sufficient training courses and have participated in diving instruction to enable me to participate in this activity. I am well versed in safe diving practices. If I am a non diver I am aware of the risks associated and fully understand that most of the activities are in areas surrounded by water.
2. I am aware of the risks inherent in this sport and accept these risks.
3. I affirm that I am in good mental and physical fitness for diving and that I will not hold any of those entities identified above responsible if I am injured or die as a result of heart, lung, ear or circulatory problems or other illnesses or conditions that may occur while diving.
4. I affirm that I am not under the influence of alcohol, nor am I taking any drugs that are contraindicated for diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive although taking such medication. I also affirm that this statement will remain true in all future 4D Diving activities.
5. I understand that diving with compressed air involves certain risks, and injuries can occur that require treatment in a recompression chamber. I further understand that an open water diving trip may be conducted at sites that are remote, by time and/or distance, from a recompression chamber and/or medical facility, and nonetheless agree to accept and assume such risks when I proceed with such dives.
6. I understand that even if I follow all of the appropriate dive practices, there is still some risk of sustaining decompression sickness, heart attack, embolism or other hyperbaric injuries, and I expressly assume the risk of such injuries or illnesses.
7. I acknowledge that I have been fully and completely advised of the potential hazards and dangers incidental to engaging in diving activities, skin diving activities, activities involving instruction of skin and scuba diving and other 4D Diving activities.
8. I understand that diving in open waters involves additional risks due to the environment, animal or sea life, currents and mechanical equipment failure or misuse and that injury or death may occur from such risks.
9. I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during dive excursions. If I am injured or die as a result of a heart attack, panic, hyperventilation or otherwise, I expressly assume the risk of such injuries.
10. I have read and agree with the 4D Diving Safety Protocol, Constitution and Pool Policies. The current copy of each of these documents are available on the website www.4ddiving.com.

**I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS AND FULLY UNDERSTAND THE LEGAL RIGHT THAT I AM GIVING UP BY SIGNING THIS DOCUMENT.
I HAVE READ THIS AGREEMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY IT.**

Signature of Participant: _____ Date: _____

Witness (Print Name): _____ Witness (Signature): _____

Signature of Parent or Guardian If participant is a minor, and by their signature, they, on my behalf release all claims that both they and I have.

Signature of Parent or Guardian _____ Date _____