



STEEL CITY SPORT DIVERS OF HAMILTON, INC.

GUEST MEMBER DIVING EVENT WAIVER, RELEASE AND INDEMNITY

NAME: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EVENT: \_\_\_\_\_

(Hereinafter called "the Event")

In consideration of the acceptance of this entry of my being permitted to take part in this Event:

1. I acknowledge that I am aware of the risks to my person and to my property by death, accident, injury, illness, loss, damage or otherwise of participating in and attend at the Event and agree that I am participating in and attending at the Event voluntarily at my own risk.
2. I, for myself, my heirs, executors, administrators, successors and assigns, hereby release, waive and forever discharge Steel City Sport Divers, Inc., all organizers of the Event, volunteers and workers and all other organizers of the Event, and all other associations, sanctioning bodies, sponsoring companies and organizations in any way associated with the Event, and all their respective agents, officials, servants, contractors, representatives, successors and assigns of and from any claims, demands, costs, expenses, actions and causes of action whether in law or in equity in respect of death, accident, injury, illness, loss or damage to my person or property, howsoever caused arising directly or indirectly as a result of, or in any way connected with my participation in or attendance at the Event whether as a spectator, competitor, participant, or otherwise, whether prior to, during or subsequent to the Event and notwithstanding that same may have been contributed to or occasioned by the negligence of any of the aforesaid.
3. I further undertake to hold and save harmless and agree to indemnify any and all of the aforesaid from and against any and all liability incurred by any or all of them arising directly or indirectly as a result of, or in any way connected with my participation in or attendance at the Event whether as a spectator, competitor, or otherwise, whether prior to, during, or subsequent to the Event.
4. I consent to receive medical treatment in the event of my death, injury, accident and/or illness during the Event.
5. I warrant and represent that I am physically fit to participate in and attend at the Event.
6. I warrant that I am properly trained to participate in and attend at the Event.

DATED: \_\_\_\_\_

CERTIFICATION  
AGENCY: \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT SIGNATURE

CERTIFICATION: \_\_\_\_\_

\_\_\_\_\_  
WITNESS SIGNATURE

LEVEL OF  
CERTIFICATION \_\_\_\_\_

\_\_\_\_\_  
WITNESS (PRINT NAME)