



Register Today

Mail your \$30.00 registration in time for it to be received by the Friday preceding the event for the early bird discount of \$5.00. Late Registration is \$35.00 at the event.

Please print, fill out (one per person) and mail this form along with \$35.00 payment cheque to

Niagara Divers Association
c/o 6412 Armstrong Dr.
Niagara Falls, ON
L2H 2G4

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____ Country _____

Mobile Phone _____ Other Phone _____ Email _____

Certification Agency _____ Certification Number _____

Date of Birth: Month _____ Day _____ Year _____

Medical Conditions / Allergies _____

Special Diet Needs _____

Waiver and Release of Liability (Please read and sign below)

I wish to participate in Dive for a Cure presented by Niagara Divers Association and I agree to abide by the rules, regulations, and instructions of the event, as well as all applicable municipal and provincial laws and regulations.

I understand that participating in such an event using public waterways and facilities and the use of and participation in services made available to participants during the event is potentially hazardous and can result in serious injury or death. I am aware of and assume all risks associated with participating in this event, including, without limitation, falls, contact with other participants and objects, the effects of weather and the conditions of the waterways used by this event. I assert that my participation in this event is voluntary.

In consideration for being permitted to participate in this event, I, for myself and for anyone entitled to act on my behalf, hereby waive and release from any and all claims for injuries and damages I may have arising out of the event or my participation in the event (including without limitation and pre- and post-event activities), against NDA Dive for a Cure, the Niagara Divers' Association, WRCC, any beneficiaries, sponsors, officials, participating clubs, communities, organizations, friends of the event, divers, bubble watchers, participants, third party vendors, government or public entities, and their respective affiliates, successors, officers, directors, employees, volunteers, agents and representatives, including, without limitation, the event medical sponsor, the medical director and members of the medical team if available.

I intend by this Waiver and Release to release, in advance, and to waive my rights and to discharge all of the persons and entities mentioned above, from all claims from damages for death, personal injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation in this event, even though that liability may arise from negligence, carelessness, or recklessness (whether simple or gross) on the part of the persons or entities being released, from dangerous or defective property or equipment owned, maintained, or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding by my heirs, assigns and legal representatives.

I attest that I am physically capable of, and have sufficiently trained for, completing this event. If I am aware of or under treatment for any physical infirmity, ailment or illness, my medical care provider has been apprised of, and has approved of, my participation in this event. I acknowledge that I and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this event, and I agree to pay for the costs of any such medical treatment.

I agree that my participation in the event is subject to the sole discretion of the organizers of the event, and that my participation may be limited or terminated, with or without cause.

If I am under the age of 16 I understand I must have a guardian accompany me on the event as a fellow registered participant. If I am under the age of 18 I understand that I must have a guardian's signature on this Waiver and Release.

I understand that all donations processed by NDA Dive for a Cure donation office are non-refundable and non-transferable.

I understand that NDA Dive for a Cure, and all its related events, are public events which may be recorded and so I give permission for the free use of my personal information including name, voice, or likeness observed at these public events, in any broadcast, telecast, advertising promotion or other account of this event for marketing or promotion for future or similar events.

THIS WAIVER AND RELEASE SHALL BE INTERPRETED AND THE RIGHTS OF THE PARTIES DETERMINED UNDER THE LAWS OF THE PROVINCE OF ONTARIO. THE ONTARIO COURTS SHALL HAVE EXCLUSIVE JURISDICTION FOR ANY DISPUTE ARISING UNDER, OR PERTAINING TO, THIS WAIVER AND RELEASE.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and the persons and entities mentioned above and I sign of my own free will. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this Waiver and Release freely and voluntarily, and I intend by my signature to complete an unconditional release for all liability to the extent allowed by law.

Statement of Understanding

1) I, _____ hereby confirm that I have read, understand the above Waiver and release of Liability.
Initial _____

2) I also understand that scuba diving is a hazardous activity in which serious injuries and even fatalities occur. By participating in this event, I acknowledge that I am voluntarily assuming the risk with full knowledge of the dangers involved in this type of activity. Initial _____

3) I hereby acknowledge that I voluntarily assume all risks related to scuba diving activities organized by the Niagara Divers' Association. I and my executors hereby agree to waive any liability on the part of and to forever hold harmless the Niagara Divers' Association, it's Executive, Dive Coordinators and members for any and all injuries and/or damages arising from or out of my act or omission. Initial _____

Please complete either paragraph 4 or 5;

4) Name of participant if 18 years of age or older _____

5) Name of Minor participant and Legal Guardian

Minor participant _____

Legal Guardian _____

Diver's Signature _____ Date _____

Legal Guardian's Signature (if required) _____ Date _____

Emergency Contact (First & Last Name) _____

Phone Number _____

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