

**THE UNIVERSITY OF BRITISH COLUMBIA  
Diving Safety Program**

**DIVER REGISTRATION FORM**

**NAME** \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Telephone (office) \_\_\_\_\_ (Lab) \_\_\_\_\_

Status: Staff / Faculty / Student / Other \_\_\_\_\_

**RESIDENCE**

**ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

( ) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day Phone(s) \_\_\_\_\_ Evening Phone \_\_\_\_\_

Medical Services Number \_\_\_\_\_

**THE UNIVERSITY OF BRITISH COLUMBIA  
DIVING RELEASE AND WAIVER**

I, \_\_\_\_\_, the undersigned and, in the event the undersigned is under nineteen years of age, the undersigned's parent or guardian, for and in consideration of the granting of permission by the Board of Governors of the University of British Columbia, a British Columbia Corporation, to engage in SCUBA and/or Snorkel Diving under the auspices of the University of British Columbia, hereby holds harmless and releases and forever discharges the Board of Governors of the University of British Columbia and all of the Board's agents, officers, assistants, and employees and their successors, from any and all claims and demands whatsoever which the undersigned and the heirs, representatives, executors and administrators thereof, or any other persons acting on their behalf or on behalf of their respective agents have or may have against the said Board of Governors of the University of British Columbia or any or all of the abovementioned persons or their successors, by reason of any accident, illness, injury or death, or other consequences arising or resulting directly or indirectly from participation in SCUBA and/or Snorkel Diving under the auspices of the University of British Columbia and occurring during said participation, or at any time subsequent thereto.

**STATEMENT OF UNDERSTANDING**

I affirm that in undertaking diving activity under the University auspices, I do so voluntarily for purposes of study or research or related University work. I understand that diving and related support activity are demanding and exacting activities requiring skill and continuous practice. I am willing to accept the risks and responsibilities for my own actions. I have read the University Diving Regulations, and I understand and agree to their conditions and terms.

Participant	Witness	Date
Parent or Guardian	Witness	Date