

WAIVER OF INSURANCE



Please read this form carefully and fill in all blanks before signing.

I understand that the OUC's Liability Insurance Policy has specific Requirements for supervision, recreational and certification limits, as outlined in the Club Insurance Requirements and Risk Management document, which must be met in order for coverage to apply to Club sanctioned events.

The requirements include but are not limited to:

1. All participants must be OUC members in good standing and be enrolled in OUC's Liability Insurance Policy or be enrolled in OUC's Guest Diver program.
2. Coverage is for diving to Recreational (Sport) Diving Limits Only
3. Solo Diving is not permitted under any circumstances

I acknowledge that if at any time, I do not dive according to these Requirements, I am not included in the sanctioned event or covered by the Liability Insurance Policy and I am diving at my own risk.

I also understand and agree that neither OUC, its Member Clubs, nor its members including but not limited to officers and directors, agents, contractors, employees, or assigns, volunteers, participants including other divers, instructors, dive masters, and rescue divers (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in these sanctioned activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further release, exempt and hold harmless all Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in these sanctioned activities.

I further state that I am of lawful age and legally competent to sign this Waiver of Insurance, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my coverage by the OUC Liability Insurance Policy.

I, _____, BY THIS INSTRUMENT AGREE TO WAIVE COVERAGE FROM THE OUC LIABILITY INSURANCE POLICY AND AM PARTICIPATING IN THIS EVENT AT MY OWN RISK.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS WAIVER OF INSURANCE AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (YYYY-MM-DD)

Signature of Parent or Guardian (where applicable)

Date (YYYY-MM-DD)