ASSUMPTION OF RISK AND LIABILITY WAIVER (non-member)

Please read carefully, then sign and date in the presence of a witness

I affirm that I, [PRINT NAME OF DIVER], am a certified diver and I understand that SCUBA diving is a recreation which involves an element of personal risk, including the hazards of travelling to and from a dive site.

- I have the training and experience to be able to assess diving risks for myself and understand that I personally make the decision whether or not to undertake a specific dive activity.
- I will undertake my own safety assessments in diving activities coordinated by the ANU SCUBA Club (ANUSC) and I will ensure that any personal limitation that might affect my ability to dive is made clear to any trip coordinator, and to any diving buddies I have who are members of the ANUSC or engaged in diving activities coordinated by the ANUSC.
- I understand that it is my responsibility to conduct my activities in such a manner as not to expose ANUSC members or others with whom I dive to any additional danger or undue risk.
- I will not hold the ANUSC responsible for my safety nor for the loss of or damage to my property.
- I further acknowledge that the ANUSC is a Club which is set up to facilitate trained and experienced individual members to undertake SCUBA diving activities with other similarly trained and experienced members and that the ANUSC accepts no responsibility for the training or guiding of its members or of any person who participates in diving activities coordinated by the ANUSC.

Where the certified diver is under the age of 18, this Assumption of Risk and Liability Waiver form must be executed by a parent or guardian for and on behalf of the participant, and the person executing this form warrants that he or she has authority to do so and such parent or guardian agrees to indemnify ANUSC against all claims made by or on behalf of the participant against ANUSC in respect of injury, loss or damage arising out of or in connection with the participant’s taking part in diving activities coordinated by the ANUSC.

DATE: [date]

(SIGN ONLY IN THE PRESENCE OF A WITNESS)

SIGNED: [SIGNATURE of DIVER – or Parent / Guardian if under 18]

Parent or Guardian: [if signed by a Parent or Guardian, PRINT name here]

WITNESS: [SIGNATURE of WITNESS]

WITNESS: [PRINT name of WITNESS]