

# *Michigan Lake Diver's Association*

## *Waiver of Liability*

**Please read carefully and fill in all the blanks before signing.**

I \_\_\_\_\_, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of skin diving and scuba diving.

I understand this waiver hereby encompasses and applies to all activities sponsored by the Michigan Lake Diver's Association in which I choose to participate. Activities may include, but are not limited to all diving activities, snorkeling, beach parties, meetings, rafting, canoeing, boating, swimming, and other inherently dangerous recreational activities.

I understand and agree that this waiver applies to the Michigan Lake Diver's Association, all officers, directors, trip managers and any other member associated with any club activity.

Further I understand and agree that scuba diving involves certain risks including decompression sickness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that diving trips may be conducted at sites that are remote in time, distance or both, from a recompression chamber or other medical facility near the dive site; I still choose to proceed with such dives.

I understand and agree that the Michigan Lake Diver's Association all officers, directors, trip managers and any other member associated with any club activity, may not be held liable or responsible in any way for any injury, death, or other damages to me my family, heirs or assigns that may occur as a result of my participation in any association – sponsored activities or as a result of any matter or condition under my control.

As a condition of being allowed to join the Michigan Lake Diver's Association, I hereby personally assume all risks in connection with any Association activities, for any harm, injury, or damage that may befall me, including all risks connected therewith, whether foreseen or unforeseen.

I also understand that skin diving, scuba diving and other Association activities may cause physical strain or exertion, and I assume all risk for, and will not hold the released parties responsible for any injuries, including injuries due to heart attack, panic, hyperventilation or other injuries caused by physical strain and exertion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Certification Agency & Number \_\_\_\_\_ DAN Number \_\_\_\_\_

In Case of Emergency, Please notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone