

Great Lakes Shipwreck Preservation Society

BOAT TRAVEL AND SCUBA DIVING VOLUNTARY RELEASE, WAIVER, AND ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm that I am a certified diver or a student diver under the control and supervision of the Safety Officer or Dive Supervisor and the GLSPS Safety Procedures (SOP) Manual and that I thoroughly understand the hazards of scuba diving including those hazards occurring during boat travel to and from the dive site.

I understand that these hazards include but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while getting on a boat or being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. Therefore, by signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational dive or part of a diving class or, any GLSPS Diving activities on Projects conducted by the Officers and Agents of **Great Lakes Shipwreck Preservation Society**.

I understand and agree that neither GLSPS - All Officers, Crew and Project Leaders of the GLSPS Project nor the R/V Preservation the vessel nor any Dive Masters or Supervisors leading or not leading the GLSPS Project. Nor the owners, officers, employees, agents, or assigns of the above listed individuals and/or entities (here after "Released Parties") may be held liable or responsible in any way for any occurrence on this dive project which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in this GLSPS Project using the Boat as a scuba diving platform or as a result of the negligence of any party, including the above Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I, _____, BY THIS INSTRUMENT, DO HERE!
Passenger

EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THESE BOAT AND SCUBA DIVING ACTIVITIES. I AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

PRINTED NAME _____

Signature

DATE

Signature of Parent or Guardian

DATE

Great Lakes Shipwreck Preservation Society

STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement in which you are being informed or establishing safe diving practices for all aspects of scuba diving. These practices have been compiled for your view and acknowledgement and are intended to increase your comfort and safety in scuba diving. Your signature on this statement is required as proof that you are aware of these safe scuba diving practices. Read and study the statement prior to signing it.

I, _____ Understand that as a scuba diver I should:
Print Name

1. Maintain good mental and physical fitness for scuba diving. Avoid being under the influence of alcohol or any dangerous drugs, prescription or non prescription when scuba diving. Keep proficient in scuba diving skills. Strive to increase my abilities through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from the GLSPS Dive Supervisor. If diving conditions are worse than those in which I am experienced, postpone the dive to receive more information on the dive site by meeting with the Dive Supervisor. Engage only in diving activities consistent with my training and experience.
3. Use complete, well-maintained, reliable equipment with which I am familiar, and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities, especially dives that the GLSPS performs on their projects.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications procedures for reuniting in case of separation, and emergency procedures, with my buddy.
6. Be proficient in dive-table usage. Make all dives within your agency training and certifications and always allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not faster than 50 feet per minute. (5 - FFW per / second).
7. Maintain proper buoyancy. Adjust weighting at the surface for type of scuba diving performed. Maintain neutral buoyancy while under water and or on the shipwreck. Be able to be positive buoyant for surface swimming and resting. Have weights clear for easy removal, and establish positive buoyancy when in distress.
8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation and CO2 buildup. Avoid overexertion while in and under water and dive within my physical and mental limitations.
9. Know when to obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving. Certain disciplinary actions can take place if any of the above requirements are grossly violated.

Participant's Signature

Date

Signature of Parent or Guardian

Date

Great Lakes Shipwreck Preservation Society
Name of Diving Operation or Facility

GREAT LAKES SHIPWRECK PRESERVATION SOCIETY

RELEASE AND DISCHARGE OF LIABILITY

I, the undersigned, acknowledge that the transportation to and from certain sites on the waters of Lake Superior, or other waters, by the vessel, R/V PRESERVATION, its captain, the project sponsor, Great Lakes Shipwreck Preservation Society, ("GLSPS") and its representatives and crew (collectively "R/V PRESERVATION"), to engage in non scuba diving and scuba diving operations for the purpose of Shipwreck preservation or other activities that involves many dangers to myself and others in both the transportation to and from sites, and in the activities at the diving sites or otherwise.

NOW, THEREFORE, as further consideration, I voluntarily agree as follows:

1. I HEREBY ASSUME ALL RISK of injury or death to myself, and damage to my property and understand that these hazards include, but are not limited to slipping and falling while on board, being cut or struck by the R/V PRESERVATION vessel or another boat while in the water, being injured while getting on or off the boat, scuba diving and other perils of the sea which may be incurred by me while engaging in the services of the GLSPS, representatives and, the R/V PRESERVATION.

2. I AGREE TO EXEMPT AND RELEASE FULLY AND COMPLETELY GLSPS and its representatives from any and all liability and responsibility for personal injury, property damage or death, incurred by me in connection with the services of the GLSPS, representatives and, the R/V PRESERVATION, however caused, including but not limited to the negligence of the GLSPS and the R/V PRESERVATION.

3. I agree to save, hold harmless, defend and indemnify the United States of America, its agents and employees, the National Park Service, Isle Royale National Park, and Cities along the shores of any of the Great Lakes for losses, damages, or judgment and expense on account of fire or other peril, bodily injury, death or property damage, or claims for bodily injury, death, or property damage of any nature what so ever, and by whom ever made, arising out of the activities of this shipwreck preservation service provider, GLSPS, representatives and, the R/V PRESERVATION.

4. I understand this Release and Discharge of Liability binds heirs, my family, estate, assigns, representatives.

5. My intent is to fully exempt and release all GLSPS representatives from all liability to me from any cause what so ever, including negligence, while engaging the services of the GLSPS and there boat, the R/V PRESERVATION.

6. I affirm that I am well qualified to undertake scuba diving operations in Lake Superior or other waters and have previously received proper instruction and certification.

7. I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid or unenforceable provision had never been contained herein.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THIS BOAT TRIP AND SCUBA DIVING, AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME FROM RECOVERING MONETARY DAMAGES FROM THE GLSPS, REPRESENTATIVES AND, THE R/V PRESERVATION FOR ANY INJURY, PROPERTY DAMAGE, OR DEATH, EVEN IF CAUSED BY THE NEGLIGENCE OF THE GLSPS, REPS, AND R/V PRESERVATION.

PRINTED NAME _____

Signature

Date

Signature of Parent or Guardian

Date

Address: _____

Phone _____



Preservation Society MEDICAL STATEMENT (GLSPS)

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by Operator Of The R/V Preservation and
Instructors and or Officers of the GLSPS

located in the

city of Fridley MN state/province of Minnesota.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal Surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery ?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

Have you ever had or do you currently have••

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hayfever or allergy?
- Frequent colds, sinusitis or rhonchitis?
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition_

Signature _____ Date _____ Signature of Parent or Guardian _____ Date _____

GLSPS Project Participant

Medical Form Continued

Please Note: Only fill out this form if you answered "yes" to any of the questions on the Medical Statement Form
(Please print legibly)

Name _____ Birth Date _____ Age _____

First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) Business Phone (_____)

Cell Phone (_____)

Name and address of your family or primary care physician:

Physician _____ Clinic/Hospital _____

Address _____ Phone (_____)

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____ Phone (_____)

Were you ever required to have a physical for diving? Yes - No If so, when? _____

Physician

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

Physician's Impression:

- I find no medical conditions that I consider incompatible with diving.
- I am unable to recommend this individual for diving.

Remarks _____

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone (_____)