

Unpaid Volunteer Diver Information Form

Name:

Address:

Phone:

Email:

Date of Birth:

Please include photocopies of the following documents if available:

1. Please fill out and sign [RSTC Form](#), if any medical conditions exist, consult a physician before diving.
2. CPR Certification / Refresher:
3. Oxygen & AED Training:
4. First Aid Training:
5. Annual Regulator & BC Inflator Service:
6. Date of Last Dive:
7. Copy of Basic Open Water Diving Certification from recognized training agency
8. Number of Dives in the Past 12 Months:
9. Specialty Certifications or Training (Type, Agency, Cert #, Date):

Read and sign: I agree that all diving done under the auspices of the Hoonah Indian Association will be carried out in accordance with the provisions of the HIA SCIENTIFIC DIVING MANUAL, July 2019 Revision. I acknowledge that it is my responsibility to read the diving manual and to comply with the regulations therein. I understand that violation of any regulation may result in denial of, restriction of, or revocation of HIA Scientific Diver Authorization.

Signature of Participant: _____ Date: _____

Emergency Contact Form

Name:

Relationship:

Phone:

Address:

Do you have health insurance?

Diver's Alert Network Membership and Insurance?

Other provider?

Name of Primary Insured

Policy Number

Signature of Participant: _____ Date: _____

Hoonah Indian Association Environmental Program

Unpaid Volunteer Diver

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in as an Unpaid Volunteer Diver in skin or scuba diving, herein after called “Activity”, I, for myself, my heirs, personal representatives or assignees, do hereby release, waive, discharge, and covenant not to sue the Hoonah Indian Association, its employees, associates, and agents, herein referred to as “HIA”, from liability from any and all claims including the negligence of HIA, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in Activity.

Signature of Participant: _____ Date: _____

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injury, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold HIA harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the forgoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Alaska and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant: _____ Date: _____

Unpaid Volunteer Appointment

Brief description of duties: Accompany HIA Scientific Divers and assist in gear management.
Reports to lead diver.

After reviewing provided documentation, the Diving Control Board APPROVES / DOES NOT APPROVE the appointment of _____ to participate as an unpaid volunteer diver.

Diving Control Board Chair Signature: _____

Signature of Unpaid Volunteer: _____

Date: _____