

SCUBA DIVING

REGISTRATION FORM & RELEASE FORM

FOR OFFICE USE ONLY

EZCMP ENT DATE: _____

DATB: _____ LEDG: _____

LST: _____ INV: _____

NOTES: _____

Scuba Diving Clinics are held at Camp Cayuga and taught by PADI certified divers from *Inland Water Sports*. Campers who are entering the 5th grade or older and have basic swimming skills are eligible to participate. This optional clinic is not included in the camp tuition. The extra program fee is \$35 for the one-hour clinic. Professional scuba instructors will teach campers the fundamentals of scuba diving in a one-hour class. The Scuba Diving Clinic will include instruction in:

- Equipment use
- Equalizing pressure techniques
- Campers will scuba dive in Cayuga's swimming pool
- Clearing goggles
- Underwater breathing with tanks
- Camp Scuba Certification will be awarded to participants who successfully complete the clinic.

SCUBA DIVING CLINIC REGISTRATION FORM

INSTRUCTIONS: Please complete this form and mail to: Camp Cayuga Business Office, P.O. Box 151, Peapack, NJ 07977. After June 8th mail this form to: Camp Cayuga, 321 Niles Pond Road, Honesdale, PA 18431. After May 1st full payment must accompany this form if you're adding this optional program. This form can be faxed if no payment is due.

CAMPER'S NAME (print): _____

SESSION: Full Season, 6-Weeks, First-Half, Second-Half.

MINI-SESSION: First 2-weeks, Second 2-weeks, Third 2-Weeks, Last 2-Weeks.

- I request the optional Scuba Diving Clinic for my child. Please assign my child to the number of clinics indicated below.
- My child is currently registered for a Scuba Diving Clinic. I request to add the number of clinics indicated below.
- My child is currently registered for a Scuba Diving Clinic. I request to delete the number of clinics indicated below.
- My child is currently registered for a Scuba Diving Clinic. I request to cancel all remaining clinics.

NUMBER OF SCUBA DIVING CLINICS REQUESTED: There is one clinic scheduled every two weeks. Therefore, full-season campers are eligible to register up to 4 clinics, 6-weekers are eligible for 3 clinics, half-session campers are eligible for 2 clinics, and 2-week campers are eligible to register for 1 clinic.

1 Clinic, 2 Clinics, 3 Clinics, 4 Clinics.

PARENT'S SIGNATURE: _____ **DATE:** _____

Please note: Only campers with a properly completed Scuba Diving Registration and Release Form on file can be scheduled the Scuba Diving Class.

SCUBA DIVING CLINIC RELEASE FORM

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of permitting my child to enroll in a scuba diving instructional course and/or participate in scuba diving activities and related operations conducted by Inland Water Sports at the facilities of Camp Cayuga I, for myself and on behalf of my child, my personal representatives, heirs and next of kin do the following:

I hereby acknowledge that scuba diving is a potentially dangerous activity and involves the risk of serious injury and/or death and/or property damage. I further acknowledge that diving with compressed air involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. I understand that the clinic will be held in the camp's swimming pool or lake and decompression is not anticipated to present a problem, however the parent understands that a recompression chamber is not available on camp grounds.

I hereby release, waive and discharge Inland Water Sports, or Camp Cayuga, its owners, directors, officers, employees, agents, the dive leader, and its instructors (the Releasees) from all liability to myself or my child, my personal representatives and all assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury or death to my child or property damage or loss, now and forever, arising out of or related to participation and/or instruction in said course, activities or any other related diving operations that may occur, whether caused by the negligence of the releasees or otherwise.

I hereby assume full responsibility for any risk of bodily injury, death or property damage, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any related diving operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise.

I hereby separately agree to indemnify and save and hold harmless the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether caused by the negligence of the Releasees or otherwise.

I hereby acknowledge that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees and agree that this Wavier and release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, including negligent rescue operations and is intended to be as broad and inclusive as permitted by the laws of Pennsylvania and that if any portion thereof is held valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

As a parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all of the terms and conditions of this Agreement. I have read the agreement, fully understand the terms therein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees.

PARENT'S NAME (print): _____ **CAMPER'S SIGNATURE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____