

# Cedar Valley Underwater Rescue Unit

## **Covenant Not To Sue**

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Spouse's Name (print) \_\_\_\_\_

List any training you have completed which is related to search and recovery/rescue (seminars, courses, training dives, etc.). Include dates and locations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical problems which might preclude you from search and recovery/rescue work?

YES  NO  If yes, please specify. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree to abide by the Articles or Incorporation, By-laws and Policies and Procedures of this unit?

YES  NO

I, the undersigned, as a member of the Cedar Valley Underwater Rescue Unit, hereinafter referred to as the Unit, do hereby represent to the unit that I am trained and experienced in the use of Self-contained Underwater Breathing Apparatus (SCUBA) for diving in general and underwater search and recovery operations in particular, that I am fully aware by reason of my training and experience that the use of SCUBA in diving for underwater search and recovery operations is inherently hazardous and dangerous, and that all safety precautions available have inherent limitations to their reliability and usefulness; being fully aware of these dangers, I hereby voluntarily assume the risks involved in participating in the activities of the Unit, and, in consideration of my acceptance as a member of the Unit, do further covenant not to sue the Unit or its members for any damages or injuries which may occur to me as a result of my participation in the activities of the Unit, and this covenant shall be binding upon my heirs, legatees, beneficiaries, executors, administrators, and assigns; and have provided satisfactory medical evidence that my physical, mental, and emotional conditions are such that I have no disabilities which would impair my ability to participate in the activities of the Unit.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_