



## STATEMENT OF UNDERSTANDING re: Risks of Diving

Name:		
Address:	City & Province/State:	Postal/Zip Code:
Telephone	Telefax:	
email:		

I have been advised that I suffer from:

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a condition which places me at a greater than normal risk for injury while scuba diving. I have discussed the implications of this condition regarding my safety while diving and measures that I can take to minimize that risk with my Physician:

Name of Physician:		
Address:	City & Province/State:	Postal/Zip Code:
Telephone	Telefax:	
email:		

At this time I feel I have a clear understanding of the difficulties and hazards posed by my condition and agree that if I participate in any further diving that I will advise any instructors or diving companion of the existence of my condition and that such diving activity shall constitute acceptance by myself of the additional risk discussed with me by:

Physician Signature:	Date:
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RECOMMENDATIONS
1.
2.
3.
4.
5.

Student's Name:	Date:
Witness:	Date:

**ACUC Instructor is to keep the original of this completed form in the student's file for a period not less than five (5) years after the date it was signed by the Student. You may be asked to produce this form to ACUC Management upon request.**