



BMSC Snorkel Policy

The purpose of this policy is to ensure snorkelling safety. Snorkelling and surface support activities are voluntary and participants assume responsibility for all associated risks. WCUMSS, the BMSC, its officers or appointees shall not be liable for any injury (fatal or otherwise), loss or damage sustained either directly or indirectly, through the use of this policy, including injury, loss or damage resulting from negligence.

Snorkelers must complete:

1. BMSC Snorkelling Waiver
2. BMSC Snorkelling Clearance and Medical Form
3. Snorkel Project Proposal (if snorkelling for a research project)

Surface attendants (boat tender or shore watch) must possess (waived if two snorkelers have these):

4. First Aid certification
5. CPR certification

Equipment:

- An exposure suit and fins must be worn, and snorkelers must be able to maintain buoyancy at the surface with minimal effort.
- Weights may not be worn without permission from the Dive and Safety Officer.
- When weights are used they must be capable of quick release and the snorkeler must be positively buoyant at the surface.
- A BMSC dive flag must be displayed
- A BMSC safety kit must be taken on all trips.
- A BMSC VHF radio must be taken on all trips.

Team Requirements:

- A surface safety attendant must be present on a boat or on shore.
- Three is the smallest team permitted: two snorkelers and an attendant.
- Snorkelers must swim with a buddy and stay within 5 metres/ 15 feet of their buddy.
- When swimming underwater, snorkelers should adopt “one-up”, “one-down” (buddies alternate and wait at least 30 seconds after their buddy surfaces before swimming underwater themselves).
- Snorkelers must stay within 15 metres/ 50 feet of the dive flag and surface attendant.

Additional Requirements:

- Snorkelling in Bamfield and Grappler Inlets must be done from shore and in areas with little boat traffic.
- Applicants who require training and/or are weak swimmers should talk to the Dive and Safety Officer.
- Hyperventilation prior to breath hold diving is dangerous and not permitted.

Special Approval of Dive Safety Officer Required:

Consult the Dive and Safety Officer whenever it is unclear whether an activity is permitted.

Snorkelling is not permitted under the following circumstances:

- activities that do not adhere to this policy
- after hours (M-F, 8:30-4:30)
- between sunset and sunrise
- along the shoreline/foreshore of BMSC property
- following SCUBA diving
- using breath hold dives deeper than 5m/ 15 feet
- in hazardous conditions including:
 - areas exposed to heavy currents and/or waves
 - confined areas and inside caverns
 - areas with a risk of entanglement
 - areas of heavy boat traffic and/or in boating lanes.
 - adverse weather conditions
 - outside the BMSC boundary as indicated on sail plans

BMSC Snorkelling Waiver

I am at BMSC:

- doing research (PI, graduate student or assistant)
- taking a university course

- as a member of staff
- visiting with a university group
- Other

In consideration of WCUMSS permitting me to use its snorkelling equipment and facilities,

I _____ (please print),
Applicant 18 years or over

I _____ (please print),
Parent/Guardian of applicant under the age of 18

on behalf of myself, my executors, administrators, heirs and assigns, do hereby release and discharge WCUMSS, the Universities, their employees and agents from all claims and demands that I, my executors, administrators, heirs and assigns may have for any injury, including that resulting in death, however caused, sustained by me or suffered by me while using BMSC snorkelling equipment and facilities, including - but without limiting the generality of the foregoing - injury sustained by me by reason of the negligence of WCUMSS, the Universities, their employees and agents.

I hereby confirm that I have been provided with an opportunity to read the WCUMSS regulations relating to snorkelling, and acknowledge that no instruction on snorkelling is given by WCUMSS, its employees or agents and recognize that it is my responsibility to maintain safety in my snorkelling activities.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

BMSC Snorkelling Clearance and Medical Form

(to be completed and signed by applicant 18 or over or by parent/guardian)

Name: Last- _____ First- _____
 Sex: male female DOB (yyyy/mm/dd): _____
 Height: _____ Weight: _____

Emergency contact: Relationship: _____
 Name: Last _____ First _____
 Street Address: _____ City _____
 Country: _____ Postal/Zip Code: _____
 Phone: _____

Experience:
 Snorkelling Experience: Beginner Intermediate Advanced
 Swimming Experience: Beginner Intermediate Advanced
 Comments: _____
 Where have you snorkelled ? _____ Warm or cold water? _____

List certifications in CPR, life saving, and/or diving	Year	Current Y/N

<p>Please indicate if you suffer from:</p> <input type="checkbox"/> Persistent headaches <input type="checkbox"/> Persistent coughs <input type="checkbox"/> Severe/frequent colds <input type="checkbox"/> Dizziness or fainting <input type="checkbox"/> Emotional problems <input type="checkbox"/> High blood pressure <input type="checkbox"/> Drug allergies <input type="checkbox"/> Sinus trouble <input type="checkbox"/> Ear trouble <input type="checkbox"/> Hay Fever <input type="checkbox"/> Chest pains <input type="checkbox"/> Heart trouble <input type="checkbox"/> Claustrophobia <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Asthma <input type="checkbox"/> Motion sickness <input type="checkbox"/> Diabetes <p>Please indicate if you:</p> <input type="checkbox"/> Consume alcoholic beverages <input type="checkbox"/> Were recently hospitalized <input type="checkbox"/> Had a recent operation <input type="checkbox"/> Had a recent serious injury <input type="checkbox"/> Had Pneumothorax <input type="checkbox"/> Take regular medication <input type="checkbox"/> Use tranquilizers <input type="checkbox"/> Wear glasses/contacts <input type="checkbox"/> Wear dentures <input type="checkbox"/> Are pregnant <input type="checkbox"/> Use tobacco products <input type="checkbox"/> Ever had a chest x-ray
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If you checked any of the above, please explain: _____

Explain any accidents, serious illnesses or conditions not mentioned above:

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____