Toronto Administration
Port Portuaire
Authority de Toronto

# <u>APPLICATION FOR AUTHORIZATION OF UNDERWATER DIVING</u>

Application No: Account No: Dated:	(40410-110)		Ref: Tel. Fax	Harbour Master's Office (416) 462-3937 (416) 462-1612
			Email	: harbourapps@portstoronto.com
THIS APPLICATION Authority.	<i>I</i> is for authorization to dive	in the waters in	n the juris	diction of the Toronto Port
Applicant's Name:				
Date/s:		Time	/s:	
Location:				
Description of Safety	Precautions to be Taken:			
The provision of fals	e or misleading informatior	n will result in au	uthorizatio	(add separate sheet if necessary) on being withdrawn by TPA.
together with Admin		ayable to the T		Harbour Master's office for review, ort Authority) and signed Waiver of
the "TORON Additional In Subrogation	NTO PORT AUTHORITY Ansured, must be provided clause, a Cross Liability cuired as necessary. The cancelled.	AND HIS MAJE prior to the div lause and a Se	STY IN ve in que verability	commercial diving enterprises, with RIGHT OF CANADA" added as an estion. Insurance also to include a of Interest clause. Wreck Removal TPA in the event that the policy is
FEE STRUCTURE:				of Group/Organization
\$20 + HST (individu	ıal, per season)			Signature of individual/s esponsibility)
\$100 + HST(organia	zation, per season)	Print Name	and Add	ress:
(HST Reg. No. 108122	2458RT)			
				Fax
		E-Mail		

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# UNDERWATER DIVING PERMISSION (18 years of age or over) CONDITIONS, WAIVER AND INDEMNITY

I, the undersigned (print na	ame)	
on behalf of (Company Na	me and Address)	
Tel	Fax	

In consideration for the Toronto Port Authority permitting me to enter the waters of Toronto Harbour for the purpose of underwater diving, I understand and agree to the following conditions:

# 1. Compliance with Regulations

I undertake to comply with all Operating Regulations and Practices and Procedures as laid down by the Toronto Port Authority.

#### 2. Inform Toronto Police Marine Unit

Before entering the water, I will report to the Toronto Police Marine Unit (telephone 416-808-5800) to provide them with the location and times of water-related activities. It is understood this permission is null and void if I fail to give such prior notice.

## 3. Produce Proof of Permission

Notwithstanding prior notice to the Toronto Police Marine Unit, I agree to keep this properly-executed form available at the location, and to promptly produce it for inspection at the request of a police officer or an officer of the Toronto Port Authority. I understand failure to produce a valid permission form on request may be construed as absence of authorized permission, and if requested to do so, I will immediately discontinue the described activities until a valid form is produced, or I may face penalty under law.

### 4. Act at Own Risk and Waive Claims

I acknowledge that I enter the water and engage in diving at my sole risk of injury or death or damage to myself, or to other persons or property, and I hereby agree to indemnify and hold harmless His Majesty in Right of Canada and the Toronto Port Authority, their employees, servants or agents against all suits, actions, claims, costs or demands of any nature arising or resulting directly or indirectly from the granting of this permission.

э.	Period of Permission	
be va	erstand this permission is lid. Permission may be ions and undertakings.	granted for the period fromt following which, further permission must be obtained in order trevoked at any time without prior notice upon breach of these
Coridit	ions and undertakings.	
I sole	mnly state:	
(a) (b) (c)	that I am 18 years of ag that I waive any and all against the Toronto Por	claims which but for this waiver I may have or hereafter acquir Authority, their employees, servants or agents, arising out of th ion, and this waiver shall be binding upon my heirs, executors
Signe	d this	day of,
Witne	ssed by:	Signed by: Applicant
Permi	ssion to dive is granted	subject to the foregoing undertakings and conditions.
		Signed
		Signed Harbour Master
		Date
NOTE		ted unless this form is signed by the diver and by his designated representative.
FAX numb		authorization and return. Be sure to include a return fa

EMAIL TO: harbourapps@portstoronto.com