



**BAMFIELD  
MARINE  
SCIENCES  
CENTRE**

## BMSC Snorkel/ Skin Diving Policy Guide

**Policy:** The intent of this Guide is to maximize snorkel/ skin diver safety. 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 Guide, including injury, loss or damage resulting from negligence.

All participants in snorkel/ skin diving activities (both surface support and snorkel/ skin divers) do so on a voluntary basis and shall assume all risks, consequences and potential liability for his/her own actions.

**Candidates must complete:**

1. Applicant portion of medical form completed by snorkel/ skin diver.
2. Waiver, clearance and project proposal forms completed by the applicant.
3. Current First Aid and CPR certification required by the surface safety attendant (boat tender or shore watch). If two snorkel/ skin divers have these certificates the surface safety attendant is not required to.

### **Required Equipment:**

- Personal equipment must be supplied by each individual Snorkel/ skin diver.
- Exposure suit and fins must be used.
- The snorkel/ skin diver must be able to maintain buoyancy at the surface with minimal effort. If weights are used then the weighting system must be capable of quick release and the snorkel/ skin diver must be positively buoyant when at the surface. Flotation jackets are recommended.
- BMSC will provide a dive flag to be displayed at all times snorkeling is going on, including when snorkel/ skin diving takes place from shore.
- BMSC will provide a safety kit (including a first aid kit) to be taken along on all dives.

### **Snorkel/Skin Diving Protocol:**

- Must have a surface safety attendant on the boat (boat tender), or shore (shore watch).
- Minimum team size of three people: two snorkel/ skin divers and a surface safety attendant.
- All snorkel/ skin diving in Bamfield and Grappler Inlets should be from shore and avoid areas of boat traffic.
- Snorkel/ skin diver should stay within 15 metres/ 50 feet of dive flag and surface safety attendant.
- Snorkel/ skin divers should adhere to the buddy system. On the surface divers should remain within 5 metres/ 15 feet of their buddy. When making surface dives and swimming underwater divers should adopt "one-up", "one-down" (buddies alternate).
- Applicants requiring training in snorkel/ skin diving techniques and/or applicants with weak swimming abilities should make this apparent to the Scientific Diving Coordinator.
- Hyperventilation prior to breath hold diving is a dangerous practice and is not permitted.

**Special  
Approval may  
be needed:**

The following dives require the expressed prior approval from the Scientific Diving Coordinator (this list is not designed to be exhaustive and it is the diver's responsibility to consult the Scientific Diving Coordinator should it be unclear as to whether an activity is cause for concern):

- Snorkel/ skin dives that do not adhere to this policy guide.
- After hours dives.
- Snorkel/ skin diving between sunset and sunrise.
- Dives along the shoreline and foreshore of BMSC property.
- Hazardous conditions.
- Exposed areas.
- Currents and waves.
- Confined areas and inside caverns.
- Risk of entanglement.
- Increased boat traffic.
- Adverse weather conditions.
- Outside of BMSC boundary area indicated on sail plans.
- Boat diving in the inlets.
- Snorkel/ skin diving following dives breathing compressed gas (SCUBA dives).
- Breath hold dives deeper than 5m/ 15 feet.



**BAMFIELD  
M A R I N E  
S C I E N C E S  
C E N T R E**

WCUMSS  
BMSC Snorkel/ Skin Diving Waiver

In consideration of WCUMSS permitting me to use its skin/ snorkel diving equipment and facilities, I \_\_\_\_\_, 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 the said snorkel/ skin diving 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 snorkel/ skin diving, and acknowledge that no instruction on snorkel/ skin diving is given by WCUMSS, its employees or agents and recognize that it is my responsibility to maintain safety in my skin/ snorkel diving activities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# BMSC Snorkel/ Skin Diver Medical Form



## Part I Medical History (to be completed by applicant)

Name: Last- \_\_\_\_\_ First- \_\_\_\_\_  
Mail address: street/city \_\_\_\_\_  
Country/postal/zip \_\_\_\_\_  
Phone and fax numbers: Phone- \_\_\_\_\_ Fax- \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Colour: \_\_\_\_\_  
University Supervisor: \_\_\_\_\_

Please check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Persistent headaches  | <input type="checkbox"/> Chest pains     |
| <input type="checkbox"/> Persistent coughs     | <input type="checkbox"/> Heart trouble   |
| <input type="checkbox"/> Severe/frequent colds | <input type="checkbox"/> Claustrophobia  |
| <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Tuberculosis    |
| <input type="checkbox"/> Emotional problems    | <input type="checkbox"/> Operation       |
| <input type="checkbox"/> Alcoholic beverages   | <input type="checkbox"/> Epilepsy        |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Asthma          |
| <input type="checkbox"/> Hospitalized          | <input type="checkbox"/> Serious injury  |
| <input type="checkbox"/> Allergies to drugs    | <input type="checkbox"/> Motion sickness |
| <input type="checkbox"/> Regular medication    | <input type="checkbox"/> Pneumothorax    |
| <input type="checkbox"/> Glasses/contacts      | <input type="checkbox"/> Dentures        |
| <input type="checkbox"/> Sinus trouble         | <input type="checkbox"/> Smoking         |
| <input type="checkbox"/> Ear trouble           | <input type="checkbox"/> Pregnant        |
| <input type="checkbox"/> Hay Fever             | <input type="checkbox"/> Diabetes        |
|  | <input type="checkbox"/> Tranquilizers   |

If you checked any of the above, please explain:

Any serious injury, accident, or illness not mentioned above, explain:

Date of last chest x-ray: \_\_\_\_\_

Result: \_\_\_\_\_

**Emergency Contact:** Last- \_\_\_\_\_ First- \_\_\_\_\_

Relationship: \_\_\_\_\_

Mail address: street/city \_\_\_\_\_

Country/postal/zip \_\_\_\_\_

Phone: \_\_\_\_\_

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



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## BMSC Snorkel/ Skin Diver Clearance Form

Name: Last- \_\_\_\_\_ First- \_\_\_\_\_  
Mail address: street/city \_\_\_\_\_  
Country/postal/zip \_\_\_\_\_  
Phone and fax numbers: Phone- \_\_\_\_\_ Fax- \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Colour: \_\_\_\_\_  
BMSC Status: Staff Researcher Student Other

**Emergency Contact:** Last- \_\_\_\_\_ First- \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Mail address: street/city \_\_\_\_\_  
Country/postal/zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Snorkel/ Skin Diving Experience      Beginner    Intermediate    Advanced  
Comments: \_\_\_\_\_

Swimming Experience:      Beginner    Intermediate    Advanced  
Comments: \_\_\_\_\_

Geographic location of experience: (ie. Where have you been diving? Cold or warm water?)  
\_\_\_\_\_  
\_\_\_\_\_

	Date	Current?
List any First Aid, CPR, Life Saving, Diving Certifications, Diving Specialty and relevant courses that you have successfully completed.:	_____	_____
	_____	_____
	_____	_____

The information I have provided is accurate to the best of my knowledge

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