



**Canadian Coast Guard Auxiliary**  
**ACKNOWLEDGMENT AND WAIVER**  
 Non CCGA Member Crewing on CCGA Vessel

The Canadian Coast Guard Auxiliary provides insurance protection for members and non-members while engaged in authorized CCGA activities. The extent of such insurance protection is as set out in the Summary of Benefits available from the CCGA web site (www.ccgga-gcac.org) or from the CCGA Office. There is no further or additional insurance protection available to members or non-members. Members and non-members eligibility for coverage and benefits are governed by the terms and conditions of the respective Insurance Program which may be amended from time to time.

1. I, \_\_\_\_\_ understand that I have access to the Canadian Coast Guard Auxiliary's (CCGA) Insurance Program documentation. I have agreed to read it. If I have any question, I understand that I can contact the CCGA to obtain additional information.
2. I further understand, acknowledge and agree that coverage for Ancillary Benefits for Heart/Circulatory Malfunction under the CCGA's Insurance Program ceases once a volunteer reaches age 65. I further understand, acknowledge and agree that at age 65 years or older, I do not have Ancillary Benefits coverage for losses (including without limitation loss of life, medical expenses and/or temporary total disability) caused by a Heart/Circulatory Malfunction occurring as a result of my participation in any and all tasking authorized by the CCGA.
3. I understand, acknowledge and agree that coverage for Permanent Total Disability benefits under the CCGA's benefit plan ceases once a volunteer reaches age 70. I further understand, acknowledge and agree that at age 70 years or older, I do not have Permanent Total Disability coverage for losses caused by accidental bodily injuries sustained as a

result of my participation in any and all tasking authorized by the CCGA.

4. I acknowledge and agree that my participation in any and all tasking authorized by the CCGA (including without limitation search and rescue (SAR) missions) shall be at my own risk and that the CCGA assumes absolutely no responsibility in connection with the same.
5. I acknowledge and agree that I am solely responsible for assessing whether participation in any tasking authorized by the CCGA (including without limitation SAR missions) poses any problems or hazards for my health and/or safety (including without limitation hazards due to existing medical conditions, disabilities or diseases). I understand that there are certain risks and perils inherent in any such activity and I assume full responsibility for any inherent risk and danger.
6. I further, on behalf of myself and my heirs, executors, administrators, successors and assigns hereby remise, release and forever discharge the CCGA and its respective officers, directors, agents, employees, servants and representatives of and from all claims, demands, damages, costs, expenses, actions and causes of action whether in law or in equity in respect of death, injury, loss or damage to my person howsoever caused arising out of or in any way connected to my participation in the said tasking authorized by the CCGA.
7. I further agree to indemnify and hold harmless the aforementioned from and against any and all liability incurred in any way related to my participation in the said tasking activities.

With my signature, I hereby confirm that I have read, understood and agreed to this document.

**CANADIAN COAST GUARD AUXILIARY - GROUP ACCIDENT INSURANCE**  
**DECLARATION OF BENEFICIARY(IES) for NON CCGA MEMBERS**

I, \_\_\_\_\_  
 being a non-CCGA-member crewing on the Canadian Coast Guard Auxiliary Vessel:

do hereby name:

Name \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_

as my beneficiary(ies) for benefits, if any, that may be payable under the CCGA Group Accident policy(ies) in the event of my accidental death while on an Authorized Activity as described in the current Contribution Agreement between the Canadian Coast Guard Auxiliary

\_\_\_\_\_ Inc.  
 and the Minister of Fisheries and Oceans.

I understand that if (a) specific beneficiary (ies) is (are) not named, benefits, if any, will be payable to my estate.

I am aware of the protection provided and limitations of liability as detailed in the policy(ies).

Non CCGA Member (Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness (Please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_