

APPLICATION

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Email Address: _____

Level of Certification: _____ Certifying Agency: _____

Date Certified: _____ Check here if Student: _____ Years Diving: _____

Approx. Number of dives made: _____ Deepest Dive to Date: _____ feet

Have you ever made a decompression dive? Yes: _____ No: _____

What are your diving interests? (Check all that apply)

- WRECK DIVING: _____ BEACH DIVING: _____ U/W PHOTOGRAPHY: _____
- DEEP DIVING: _____ SPEAR FISHING: _____ NIGHT DIVING: _____
- ARTIFACT COLLECTING: _____ ENVIRONMENTAL ISSUES: _____

Are you First Aid/CPR certified? Yes: _____ No: _____

Are you interested in furthering your present level of certification? Yes: No: _____

What are you looking for in a dive club? _____

Would you be interested in participating in club committees? Yes: _____ No: _____

When are you available for club dives/activities? (e.g. Days, Nights, Weekends, etc.) _____

Do you want your name, phone number and email included on a roster to be sent to other club members? Yes: _____ No: _____

Do you prefer to receive your newsletter via email? Yes: _____ No: _____

Are you a member of Divers Alert Network (D.A.N.)? Yes: _____ No: _____

Are you a member of any other dive clubs? Yes: _____ No: _____

If yes, which club(s) _____

MEMBERSHIP DESIRED (select one)

- _____ Single Membership \$35.00 (Full club membership -- includes T-shirt)
- _____ Family Membership \$45.00 (Full club membership for person signing up, including spouse and all children under 15 years of age. Note: Only one T-shirt included, additional T-shirts can be purchased for \$10.00 each.)

DISCLAIMER

I understand that if accepted for membership in THE DIVE CLUB, I will be bound by the by-laws of THE DIVE CLUB and will be required to sign a waiver of liability and pay the applicable admission fee.

Signature of applicant: _____ Date: _____

Signature of Club Officer and Title: _____ Date: _____

LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

P.O. Box 96 - W. ISLIP, N.Y. - 11795

Name _____ Certification Level _____ Date _____
Address _____ City _____ State _____ Zip _____

THIS IS A RELEASE OF YOUR RIGHTS TO SUE.

This release may be used against you in a court of law if you sue any released party or person

(please read carefully, fill in all blanks and initial each paragraph before signing)

I, _____, hereby affirm that I have been advised and thoroughly
Applicant's Name
informed through my open water training of the inherent risks of skin and scuba diving.

Further, I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that any trips of any kind (diving or non-diving), whether sponsored or not, by The Dive Club may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such diving activities in spite of the absence of a recompression chamber in proximity to the dive site(s).

I understand and agree that neither The Dive Club or any of their respective board members, officers, agents or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in any Dive Club activity, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to become a member of The Dive Club I hereby personally assume all risks in connection with any diving or non-diving activity from any harm, injury or damage that may befall on me, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said Dive Club and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in Club events including both claims arising during said event or after said event.

I further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during any diving activity, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and are not a mere recital, and that I have signed this document of my own free act.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE DIVE CLUB, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Applicant

Date

Signature of Parent or Guardian

Date