



DIVING REBELS SCUBA CLUB, INC

APPLICATION FOR MEMBERSHIP

ANNUAL MEMBERSHIPS: SINGLE-\$25 FAMILY MEMBER-\$15 INITIATION FEE-\$15

Please attach a copy of most current scuba certification

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

OCCUPATION _____

TELEPHONE HOME _____ WORK _____

EMAIL ADDRESS _____

SPOUSE _____ ANNIVERSARY DATE _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE HOME _____ WORK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRAINING

ADVANCED LIFE SAVING _____ FIRST AID _____ CPR _____

DIVE CERTIFICATION AGENCY (YMCA, PADI, NASDS, NAUI, ETC.) _____
(Please attach copy of certification)

DATE AND LOCATION OF CERTIFICATION: _____

ADVANCED SCUBA TRAINING (RESCUE DIVER, DIVEMASTER, SPECIALTIES, ETC)

OTHER RELATED TRAINING (WSI, BOATING, SPECIALTIES, ETC) _____

APPROXIMATE NUMBER OF OPEN WATER DIVES: _____

LAKE _____ CAVE _____ ICE _____ WRECK _____ OCEAN _____ PHOTO _____ OTHER _____

BRIEFLY STATE YOUR DIVING INTERESTS AND EXPERIENCES

I, THE UNDERSIGNED, HEREBY CERTIFY THAT ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NO PHYSICAL OR MENTAL IMPAIRMENTS WHICH WOULD LIMIT MY PARTICIPATION IN DIVING ACTIVITIES. I HEREBY APPLY FOR MEMBERSHIP IN DIVING REBELS SCUBA CLUB, INC. AND AGREE TO ABIDE BY THE CONSTITUTION AND THE BY-LAWS OF THE CLUB. I, THE UNDERSIGNED, HEREBY RELEASE DIVING REBELS SCUBA CLUB, INC. AND ITS OFFICERS, MEMBERS, AND AGENTS FROM ANY LIABILITY FOR DAMAGE, INJURY, OR DEATH TO ANY PERSON OR PROPERTY RESULTING FROM MY PARTICIPATION IN ANY DIVING REBELS SCUBA CLUB, INC. ACTIVITY.

SIGNATURE _____ DATE _____

EMERGENCY CONTACT INFORMATION and MEDICAL RELEASE

Emergency Contact _____ Phone _____

Address _____ City/State/Zip _____

Medical Information: Allergies (any form) _____

Heart or Respiratory Problems: _____, Diabetes _____, Epilepsy _____

I affirm that: *(Please initial each paragraph)*

- ___ 1. I am a certified scuba diver trained in safe diving practices. I have been fully and completely advised of the potential hazards and dangers incidental to engaging in the activity of scuba diving, and I expressly assume such risk.
- ___ 2. I agree that the purpose of our diving is strictly recreational.
- ___ 3. I understand that it is not the function of Diving Rebels, Inc. or its officers and/or directors to act as the guardians of my safety.
- ___ 4. I am in good mental and physical fitness for diving. I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during dive excursions, and I expressly assume such risk.
- ___ 5. I am not, and will not dive, under the influence of alcohol and/or drugs, nor am I taking any drugs that are contraindicated for diving. If I am taking medication, I have seen a physician and have approval to dive although taking such medication.
- ___ 6. I understand that diving involves certain risks, and that injuries can occur that require treatment in a recompression chamber. I further understand that a dive may be conducted at sites that are remote, by time and/or distance, from a recompression chamber and/or medical facility, and nonetheless agree to accept and assume such risks when I proceed with such dives.
- ___ 7. I understand, and hereby consent, that an agent, servant, member, officer and/or director of the Diving Rebels, Inc. may voluntarily, but is not obligated to, render first aid or emergency treatment to me, including the administration of oxygen, at the scene of an accident or other emergency. I hereby agree that the Diving Rebels, Inc. and/or such person(s) shall not be liable for damages for injuries alleged to have been sustained by me by reason of any act or omission in the rendering of, or the failure to make available, such treatment.
- ___ 8. I understand that even if I follow all of the appropriate dive practices, there is still some risk of my sustaining heart attack, decompression sickness, embolism or other injuries, and I expressly assume the risk of such injuries or illnesses.
- ___ 9. I understand diving in open waters involves additional risks due to the environment, animal or sea life, currents and mechanical equipment failure or misuse, and injury or death may occur from such risks, and I expressly assume such risk.
- ___ 10. I shall observe strictly and comply with such additional reasonable terms and regulations as Diving Rebels, Inc. or its agents, servants, officers and/or directors may from time to time deem desirable or needful to prescribe before or during these activities.

Diving is an exciting and demanding activity when done correctly, applying correct techniques, it is very safe. When established safety procedures are not followed; however, there are dangers. By my signature below, I acknowledge that I have been informed of potential hazards of the sport of skin and scuba diving and conduct required when diving with the Diving Rebels Skin and Scuba Diving Club.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Known all men by these present:

The undersigned and his, her, and/or their heirs, executors, administrators, and assigns, do hereby release, remise and forever discharge from liability the Officers, Directors, Outing Coordinators and Employees, if any, of the Diving Rebels, Inc., as well as his, her, their, and its assigns, heirs, executors, administrators, and all other persons, firms and corporations, of and from any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting, and to result, from the taking part in any dive outing as a scuba diver or otherwise.

It is expressly understood that Diving Rebels, Inc. has requested and has been furnished evidence of the undersigned's diving certification. It is additionally understood that the undersigned assumes the risk inherent with recreational scuba diving.

IN WITNESS WHEREOF, I or WE have hereunto set my or our hand, this the _____ day of _____, 20_____.

Witness Signature

Member Signature

Parent or Legal Guardian if member is under age 18