#### MEMBERSHIP RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_

### Address: City: State: Zip:\_\_\_\_\_\_\_

Name of Club (Hereafter "The Club"): AVDD Inc. Principle Activity: Scuba Diving \_\_\_\_\_\_\_\_\_\_

Years Participating in Sport:

I understand and am aware that participation and the above referenced sport and the activities of the Club can be HAZARDOUS. I understand that the sport and Club activities involve risk or injury to any and all parts of my body. Despite the risk of injury, I HEREBY AGREE TO FREELY AND EXPRESSLY ASSUME AND ACCEPT ANY AND

ALL RISKS OF INJURY OR DEATII while participating in the sport and related activities regardless of cause including active or passive negligence. (Please initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I understand that I must be in good health to participate in the Club's activities and the Club activities that involve exposure to the elements are all-weather activities and may take place during, but not limited to, rain, snow, hail, smog, heat, cold, and/or wind. I hereby certify that my participation in Club activities is voluntary and that I am in good physical condition to safely participate in the Club's activities. (Please initial )

In consideration of acceptance of my application for membership to the Club I hereby AGREE TO RELEASE, HOLD HARMLESS, DEFEND AND INDEMNIFY and further AGREE NOT TO SUE OR MAKE A CLAIM AGAINST, the

Club, and all of their officers, directors, employees, members, or sponsors from ANY AND ALL LIABILITY for injuries or damages to me or my property even if the injury or damages arises from the alleged negligence (active or passive) of any individual or entity. (Please initial )

I have received and read the Rules of the Club established by the Club. I understand and agree to abide by the Rules of the Club and to obey the directions of the Club leaders, organizers, and officials, and officers during all Club activities. (Please initial \_)

I understand and agree that should medical or other services be rendered to me by, or at the insistence of any of the Club representatives or employees, such services do not constitute an admission of liability or an agreement to provide or to continue to provide such services. I hereby grant full permission to the Club to use photographs, videotapes, and/or other record of my participation in Club activities, including my names, likenesses, and/or voice for any legitimate purpose.

(Please initial \_\_\_\_\_\_\_\_)

In consideration for being accepted as a member of the Chm, I hereby agree to accept all the terms and conditions of this contract. This document constitutes the final and entire agreement between the Club and the undersigned. I have carefully read this agreement. I UNDERSTAND THAT IT IS A LIABILITY RELEAAE AND ASSUMPTION OF RISK AGREEMENT. I UNDERSTAND THAT IT IS A CONTRACT AND SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THIS CONTRACT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS AND MY LEGAL GUARDIANS OR REPRESENTATIVES. (Please initial \_)

**THIS IS A RELEASE OF LIABILITY.**

##### DO NOT SIGN IT IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.

Your Signature Date

Parent or Guardian Signature

If you are not 18 years of age

Date

**Antelope Valley Desert Divers Inc.**

##### Palmdale California Membership Application and Release Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_

##### Address

Phone\_\_\_\_\_Email \_\_\_\_\_\_\_\_

**Please fill out** if **you are certified in the following**

Basic Open Water

City State \_\_Zip\_\_\_\_

Organization Cert.# Date Advanced

Organization Cert.# Date Rescue

Organization Cert.# Date Dive Master

Organization Cert.# Date Asst. Instructor

Organization Cert.# Date Instructor

Organization Cert.# Date CPR

Organization Cert.# Date First Aid

Organization Cert.# Date

OXYGEN FIRST AID

Organization Cert.# Date \_

Other\_\_\_\_\_

##### Organization Cert.# Dme \_

**Please check if you are interested** in **any of the following.**

[ ] Beach Diving [ ] Boat Diving [ ] Photography [ ] Snorkeling [ ] Underwater Hunting [ ] Wreck Diving

[]Lake Diving [] Other

If other was checked, please explain: \_

I **understand and agree that** I **am responsible for my own diving safety during sponsored skin and scuba diving activities. As a member,** I **will follow the safe diving practices and procedures both** in **and out of the water as taught** in **my scuba certification course. The final decision on matters concerning my personal diving safety** is **mine and** I **accept that responsibility.** I **agree to have my name, address, telephone number and email address placed on a membership roster which may** be **released to members only.** I **authorize the Board of Directors to contact me via email by my initials** in **this space:**

 .I **understand that by not authorizing email contact** I may **not be notified of some club activities.**

Signature Date \_ Parent or Guardian Date\_\_\_\_

Membership runs August 1st - July 318t. Cost- $25 Single and $40 Family

*Antelope Valley Desert Divers*

# Emergency Contact Information Form

##### This information will be extremely important in the event of an accident or medical Emergency, but is strictly voluntary.

Please be sure to sign and date this form

# Name:

### Last

*Phone:*

First Ml

*Home:\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_ *Cell:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Address:*

Street City State Zip Code

*Primary Emergency Contact Name:*

Last First

***Relationship: \_***

***Home:\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ***Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Work :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

## Secondary Emergency Contact Name:

### Last First

***Relationship: \_***

***Home: Cell: \_***

***Work:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Insurance Information:

***Company: Policy#: \_ DAN Member: yes no DAN# \_***

***Comments:*** *(include any special medical or personal information you would want an emergency care provider to know)*

**Signature: \_ Date:**\_\_\_\_\_\_\_\_