

NEW MEMBER _____

MEMBERSHIP YEAR 2011

DOLPHIN DIVERS OF SACRAMENTO

P.O. Box 112

Orangevale, Ca 95662

RENEWAL _____

To be filled in by the Secretary:	
DATE	_____
PAID	_____
CARD ISSUED	_____
Welcome Packet	_____

MEMBERSHIP APPLICATION DOLPHIN DIVERS OF SACRAMENTO

NAME _____ BIRTHDATE (optional) _____

Primary Member

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ (Primary) _____ (Alternate) _____ (Email address)

_____ (Alternate Email address)

CERTIFICATION AGENCY AND CARD NUMBER _____

ANNUAL DUES PAID: \$35.00 Primary membership
\$45.00 Family membership (limit 2 cards)
\$15.00 Student membership (must be under 24 and attending school)

DUES ARE PRORATED NOVEMBER 1ST TO \$10.00 FOR BALANCE OF MEMBERSHIP YEAR (April 1 – March 31).
DUES MAY BE PAID AFTER JANUARY 1 FOR THE FOLLOWING MEMBERSHIP YEAR IN LIEU OF PRORATED MEMBERSHIP

FAMILY MEMBERSHIP: Each diving or non-diving “Family Member” must reside in the same household as the “Primary Member”. Each “Family Membership” is entitled to two membership cards and voting privileges. All “Family Members” are entitled to participate in all activities.

STUDENT MEMBERSHIP: Each “Student Member” must be a full time student under the age of 24. He/She is given all rights and privileges of membership and may vote in all elections.

Names of Family Members:	Phone Number:	Certifying Agency and Card #	Birthday (Optional)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR MONTHLY BUBBLES WILL BE DELIVERED VIA EMAIL, however if you require a printed copy, please check the line below. (there is a direct link to www.dolphindivers.org website to read/retrieve it in the email)
_____ **US MAIL**

A MEMBERSHIP ROSTER MAY BE PROVIDED TO ALL MEMBERS. THIS ROSTER IS INTENDED FOR THE EXCLUSIVE USE OF MEMBERS ONLY. IT IS NOT TO BE SOLD, PROVIDED TO OR EXCHANGED WITH OTHER COMPANIES, ORGANIZATIONS OR INDIVIDUALS. ROSTER INCLUDES NAMES, PHONE NUMBERS AND E MAIL ADDRESSES OF MEMBERS AND IT IS POSTED TO YAHOO GROUP.

WOULD YOU LIKE TO BE INCLUDED ON THIS ROSTER? YES _____ NO _____

(Roster available by request only from the club secretary)

In the event of an emergency notify _____ Phone# (____) _____ - _____

All members must read and sign the liability release on the reverse side of this form before being accepted for membership or participating in club events.

LIABILITY AGREEMENT AND EXPRESS ASSUMPTION OF RISK

All SCUBA diving members must initial each section and sign the completed form in the spaces provided.

I, _____ & _____ hereby certify, acknowledge and agree to the following, each paragraph which I have initialed:

- _____/_____/_____ I am a certified Scuba Diver, trained in safe diving practices. **I was certified through _____/_____ on (date/s) _____/_____ my/our certification number/s is/are _____/_____. (Certifying agency/ies)**
- _____/_____/_____ I recognize and understand that diving involves unavoidable risks and dangers, including malfunctions of equipment, risks due to environment, animal or sea life, risks due to currents and other changing conditions, all of which can result in injuries and loss of life, and I expressly assume such risks;
- _____/_____/_____ I affirm that I am in good mental and physical condition for diving, but I understand that diving is a physically strenuous activity, that I will be exerting myself when I Scuba dive or skin dive, and I expressly assume the risk of such activity;
- _____/_____/_____ I should never dive alone or with a person I have not thoroughly discussed the dive plan with and each of us has reviewed one another's diving equipment and emergency procedures;
- _____/_____/_____ I should always Scuba dive with a buoyancy control devise with an auto inflation system, depth gauge and submersible pressure gauge;
- _____/_____/_____ I should adjust weights to maintain neutral buoyancy with no air in my buoyancy control device at the surface and position weights to keep the quick-release buckle centered and accessible at all times;
- _____/_____/_____ I should never dive in conditions which I do not feel comfortable or exceed my physical ability, and never stay underwater until my air supply is exhausted, surfacing with at least 300-500 psi;
- _____/_____/_____ I should dive within the decompression limits, making all dives "no decompression" dives, have a means of monitoring my depths and time underwater and be proficient with dive tables or dive computers;
- _____/_____/_____ I will not dive under the influence of alcohol or drugs; any medication I am taking is solely my responsibility, based upon consultation with physicians who have approved its use while diving;
- _____/_____/_____ I understand that even if I follow all of the appropriate dive practices, there is still some risk of sustaining heart attack, decompression sickness, embolism, or other hyperbaric injuries, that dive trips may be conducted at locations remote, either by time, distance or both, from such hyperbaric chamber and other medical attention, and I expressly assume the risk of such injuries or illnesses, and the risks involved in diving under such circumstances;
- _____/_____/_____ I agree to follow the recognized and established safety practices associated with scuba diving, but I realize that even though such practices are observed there is still a risk of accident or injury, and I expressly assume such risks;

All members must initial each section and sign the completed form in the spaces provided.

- _____/_____/_____ I understand that Dolphin Divers of Sacramento, Inc. may be involved in non-diving activities such as camping and skiing outings and that such activities may also include certain risks and dangers which may result in injuries. I expressly assume those risks and I further save and hold harmless Dolphin Divers of Sacramento, Inc. their agents, assigns and representatives from any claims or lawsuits related to non-diving activities;
- _____/_____/_____ I acknowledge that I alone am responsible for my own activities and that I cannot and will not rely upon anyone else to advise me of my own improper or unsafe procedures and practices. I will exercise care in my own activities and I assume full responsibility and liability for injury or harm which occurs as the result of any lack of good care on my part;
- _____/_____/_____ I further save and hold harmless Dolphin Divers of Sacramento, Inc. their agents, assigns and representatives from any claim or lawsuit by me, my family, estate, heirs, or assigns, 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 understand and agree that Dolphin Divers of Sacramento, Inc. will not, at any time, provide for or be responsible for, the supervision of minor children, and that such supervision will be the sole responsibility of the minor child's parent or guardian;
- _____/_____/_____ *I agree that I will be responsible for the conduct of myself, my family, my pets and my guests at all club functions and will obey all laws, rules and campground restrictions;*
- _____/_____/_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired written consent of my parent or guardian;
- _____/_____/_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK. I HAVE READ IT BEFORE I SIGNED IT AND UNDERSTAND I AM RELEASING DOLPHIN DIVE CLUB AND IT'S OFFICERS FROM LIABILITY FOR ANY LOSSES OR INJURIES RESULTING FROM CLUB ACTIVITIES

Members Name/s (Type or print legibly) _____/_____

Signature/s _____/_____ Date _____

Parent or Guardian, for minors under 18 _____ Date _____
