

MEM #.....

SCUBA SCHOOL Dive Club

MEMBERSHIP APPLICATION FORM

www.scubaschool.org.uk - Tel: 01527-852-555

I the undersigned applicant hereby apply for membership to SCUBA SCHOOL DIVE CLUB, for the club financial year ending:

Date Joined: _____

Membership Application is for One years Membership:

New Member £15 per month or £120 per year: Membership Renewal:

Temp Member from _____ Till _____

Statement of Understanding

By applying for Membership / Renewal, I hereby agree to be bound by the rules and regulations as set out in the Clubs Terms and Conditions (this sheet) You are signing for the term of one years membership.

I further acknowledge and understand that Scuba diving/Snorkelling is inherently a hazardous sport and the Club does not carry Public Liability Insurance for its members, activities and that I participate in Club activities at entirely my own risk.

I declare that I have appropriate certification and training or experience in the activity of scuba diving/snorkelling, have sufficient scuba diving/snorkelling equipment in serviceable condition which meets club requirements and can produce such certification and equipment for examination to club officials if requested.

I understand that the club is not a professional body or registered association and as such is not liable for personal injury, loss of property or damage to property incurred during club activities. I also understand that SCUBA SCHOOL DIVE CLUB succeeds only because of the combined efforts of its members, any member or members of the club who make inappropriate, offensive, damaging comments and passing of personal or confidential information through word of mouth, social media (ie facebook, twitter, LinkedIn or any other social network sites) about or Company, the club, its members, owners or any other part of the Company will instantly be removed from the Club. Legal action will also be taken if it is deemed necessary (Protect your club). **Please tick to confirm that you want to be added to the Scuba School Ltd mailing list**

Name Printed: _____ Date: _____

Name Signed: _____ Date: _____

Email: _____ @ _____

Method of payment: - Cash, Cheque, Bacs, Card. Cheques payable to: Scuba School Ltd

IMPORTANT: TO BE READ CAREFULLY BEFORE SIGNING

This is a release of your rights to sue or take legal action against SCUBA SCHOOL/ DIVE CLUB and its staff, members, agents and assigns (herein after "released parties") for personal injuries or wrongful death that may occur during dive activities as a result of the inherent risks associated with scuba diving or as a result of the negligence of the released parties. The points noted below form the basis for this Liability Release and Assumption of Risk Agreement for all diving (and snorkelling) activities undertaken throughout the period in question. The points relate to each individual activity to be undertaken throughout the period, and it is your responsibility to ensure all points remain unchanged and accurate in relation to your personal circumstance prior to commencing any activity within this period. The general period covered by this release is noted above, however the period of cover may commence earlier, as of the date of acceptance, which is deemed to be the date it is signed or renewed.

1. I acknowledge that I am a certified scuba diver trained in safe dive practises.
2. I am aware of the risks inherent in this sport and accept these risks. (I am responsible for my own safety)
3. I am in good mental and physical fitness for diving/snorkelling and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contradictory to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication / drugs.
4. I am aware of the dangers of breath holding while scuba diving/snorkelling, and I will not hold the released parties and related entities (such as employees, instructors, certified assistants, boat operators or diver training agencies) responsible if I am injured doing so.
5. I am aware that I will be diving with a buddy, and it will be our responsibility to plan our dive allowing for our diving limitations and the prevailing water conditions. I will not hold the released parties responsible for my failure to safely plan my dive.
6. I will inspect all of my equipment prior to the activity and confirm my gear is serviced and in date and will notify the released parties if any of my equipment is not working properly. I will not hold the released parties responsible for my failure to inspect my equipment prior to diving.
7. I acknowledge that I am physically fit to scuba dive, and I will not hold the released parties responsible if I am injured as a result of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.
8. I understand that even though I follow all of the appropriate dive practises, there is still some risk of my sustaining decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries.
9. I expressly assume the risks and accept all responsibility to plan my dive and dive my plan.
10. I understand that scuba diving/snorkelling is a physically strenuous activity and that I will be exerting myself during this diving excursion, 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 released parties responsible for the same.
11. I understand that on any open water diving/snorkelling, I will be at a remote site and that there will not be immediate medical care or hyperbaric care available to me, and I expressly assume the risk of diving in such a remote spot.
12. It is the intention of myself by this instrument to exempt and release I have am fully aware of the Padi Assumption of Risk and Release and have read the terms and agree by it. This agreement remains in force from the date joined or renewed until the end of the membership.
13. We advise that you take out your own Insurance (ie Divemaster Insurance) get a Discount by clicking on the Divemaster banner through our website: www.scubaschool.org.uk
14. The use of cameras or recording equipment is prohibited during courses unless previous permission is given.

Name Printed: _____

Name Signed: _____

Date: _____



Emergency Contact Information Form - CONFIDENTIAL

PLEASE USE CAPITAL LETTERS THROUGHOUT

Name:DOB:...../...../.....

Dive Policy #.....

Address:

.....Post Code:.....

Home Phone Number:.....

Mobile No:

Resuscitate:.....YES / NO.....

Next Of Kin 1- Emergency Contact

Name:

Relationship
Please state e.g. Husband, Mother etc

Home Phone Number:

Mobile No:

Address:

..... Post Code

Next Of Kin 2- Emergency Contact

Name:

Relationship
Please state e.g. Husband, Mother etc

Home Phone Number:

Mobile No:

Address:

..... Post Code

Office use:.....