

# La Verne Eco Dive Club Membership Application

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Certification Level: \_\_\_\_\_ Agency: \_\_\_\_\_

(SDI/TDI, NAUI, PADI, SSI, LA County, YMCA, etc.)

I fully understand the risks involved with SCUBA Diving and will not hold the "La Verne Eco Dive Club", any of its officers, board members, or members liable as a result of any personal injury or loss or damage to SCUBA equipment while participating in a "La Verne Eco Dive Club" event. \_\_\_\_\_ Initial

I hereby grant full permission of The Club to use photographs, videotapes, and or record of my participation in Club activities, including my name, likeness, and/or voice. \_\_\_\_\_ Initial

SCUBA Diving is inherently risky. I understand that the possibility of death or injury as a result of an air embolism, decompression sickness, sinus barotraumas, ruptured eardrum, hazardous marine life, drowning, equipment malfunctions, or other accidents cannot be entirely eliminated. \_\_\_\_\_ Initial

I also understand that some club-scheduled dives may be beyond my present capabilities and I will not attempt that event without prior training or counseling. \_\_\_\_\_ Initial

I understand that the "La Verne Eco Dive Club" only establishes locations, times, dates, and dive site skill level for each dive event and cannot be held responsible for my safety. \_\_\_\_\_ Initial

I understand and accept the fact that the benefits I receive as a club member are for my personal use as a recreational diver. I understand my name and members of my family who have joined the Club names will be given to our Supporter for purpose of verification in their Dive Centers. If our Supporter determines that the benefits (air fills, discounts, etc.) are being used for commercial purposes, the benefits I receive as a member may be changed or revoked by the Club or by our Supporter. \_\_\_\_\_ Initial

*I have fully read, understand and accept the risks and conditions above.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR LVEDC USE ONLY.**

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Issued: \_\_\_\_\_

Payment Received: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ # \_\_\_\_\_ Amount: \_\_\_\_\_

For Check only: CDL \_\_\_\_\_ Expiration: \_\_\_\_\_ DOB: \_\_\_\_\_