

Vaqueros Del Mar Dive Club Membership Application

Type of Membership: Regular* Associate (member of VDM LLESA) Newly Certified
 (*membership includes family members and domestic partner in the same household.)

Check one **New member** **Renewal (No Changes)** **Renewal (changes)**

Name(s): (1) _____ (2) _____
 (Separate waiver must be read, initialed and signed by each VDMDC member/participant.)

Who shall be a Cen Cal member? _____ Don't want to be a Cen Cal member.

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (1) (Home) (_____) _____ (Work) (_____) _____

(2) (Home) (_____) _____ (Work) (_____) _____

E-Mail Address: (1) _____ (2) _____

Other Dive clubs you belong: VDM-LLESA Aqua Tutus Other _____

This club is successful because our members step forward and participate in our activities and volunteer to help make the activities enjoyable. Place a check next activities that are of interest to you.

Activity:	Interested	Activity	Interested
Foreign Diving	_____	local Diving	_____
Photography	_____	Video	_____
Channel Islands	_____	Camping	_____
Underwater Hockey	_____	Hunting	_____
Teaching Diving	_____	Leading Dives	_____
Drama/Acting	_____	Writing	_____
Club Leadership	_____	Other _____	_____

Want more Training (describe)

Please have someone contact me about: _____

Are you a Certified Scuba Diver? (1) _____ (2) _____

If Yes:	Year	Type	Certifying Agency	Certification #
(1)	_____	_____	NAUI PADI Other _____	_____
(2)	_____	_____	NAUI PADI Other _____	_____

List any specialty certifications (agency and year)

Name of person to contact in case of any emergency:

Name: _____ Relationship: _____

Phone: (Home) _____ (Work) _____

Make it your responsibility to let anyone you dive with know of any medical condition which might impact your diving each time you dive. Do not assume that your dive buddies will know, in fact assume they do not know.

The club does not provide insurance. It is your responsibility to provide for your insurance. DAN provides some dive related insurance coverage. It is recommended you check what coverage you have and how it applies, as you are responsible for all expenses in your behalf for medical, evacuation costs, etc.

I agree to abide by the rules and by-laws of the organizations.

Signature (1)

date

Signature (1)

date

AFFIRMATION, ASSUMPTION OF RISK, RELEASE FROM LIABILITY

I (print name)_____ acknowledge that I have been trained in the proper use of skin and SCUBA diving equipment and am certified through (name of agency) _____. My certification card number is _____.

For and in consideration of Vaqueros Del Mar Club (VDMDC) permitting me to be a member and participate in SCUBA diving and other activities arising from or in conjunction with all club activities (not just diving activities), I hereby voluntarily release, waive and discharge any and all actions or causes of action for personal injury, property damage, wrongful death or loss of services occurring to me, which may arise as a result of or in connection with the Activities whether caused by the negligence of VDMDC, its officers, directors, members, agents, employees, guests and/or servants (the "Releasees") or otherwise. IT IS MY INTENTION BY SIGNING THIS DOCUMENT TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR LOSS OF SERVICES TO ME CAUSED BY NEGLIGENCE. I agree not to sue or make a claim against the Releasees for negligence relating to or in connection with the Activities and in the event I shall prosecute any such claim, then I shall indemnify and hold Releasees harmless from any loss or liability, which shall be resolved and determined by arbitration pursuant to the rules of the American Arbitration Association, in accordance with laws of the State of California.

ASSUMPTION OF RISK

I AM FULLY AWARE THAT SKIN AND SCUBA DIVING ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE INHERENT DANGER INVOLVED AND THAT INJURIES OR DEATH CAN OCCUR. BY SIGNING THIS DOCUMENT I HEREBY VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR LOSS OF SERVICES UPON MYSELF.

ACKNOWLEDGMENT

I acknowledge that I understand the safe practices for skin and SCUBA diving which include but are not limited to the practices listed below, and I understand the importance and purpose of these safe practices and my responsibility to adhere to them: I understand that it is each divers responsibility to be a safe diver, if I don't feel the dive is safe or up to my abilities, it is my responsibility to voluntarily abort the dive, or not go at all.

1. I should never skin or SCUBA dive while under the influence of alcohol or drugs, and I must be in good physical and mental health.
2. I should never dive alone or with a person with whom I have not thoroughly discussed the dive plan or before each of us has reviewed one another's diving equipment and emergency procedures. I know that teams of three or more divers are not recommended.
3. I should always dive with a buoyancy control device that has a power inflation system, a depth gauge, a submersible pressure gauge and a timing device.
4. I should adjust weights to maintain neutral buoyancy with 500 psi of air in my tank and with no air in my buoyancy control device at 15 feet below the surface of the water and position weights to keep the quick-release buckle centered and accessible at all times.
5. I should never dive in conditions I do not feel comfortable with or that exceed my physical ability.
6. I should surface with at least 300-500 psi in my air tank and never stay under water until my air supply is exhausted.
7. I should dive within the decompression limits, making all dives "no decompression dives," and be proficient with the use of a dive table and/or dive computer.
8. I understand that each dive site may have special features and points of concern, such areas of rapid depth change (drop-offs), possible current, etc. I know I should be aware of such things and if it is unclear to me, I am responsible for having my questions answered prior to entering the water.
9. I am also responsible for knowing all fish and game regulations relating to any fish or game that I do take. I know that dives may be conducted at remote locations and that a hyperbaric chamber may not be easily or readily accessible. I agree that if I am involved in any accident, including an underwater accident and I am treated by a medical professional, a hospital or a hyperbaric chamber, I am responsible for all associated expenses, including evacuation expenses.

This document shall be binding upon me and my successors, heirs, executors, administrators and assigns. I have read this agreement and fully understand my responsibilities and the legal rights that I am giving up by signing this document.

Date:_____ Signature:_____

Address: _____