

# Pacific Explorers Dive Club, Inc.

## Application for Membership

Please Circle One:    New member - Single = \$25    Family = \$35    Renewal - Single = \$20    Family = \$30

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

Certification Agency: \_\_\_\_\_ Level: \_\_\_\_\_ Cert. # \_\_\_\_\_

Approximate Number of Dives Per Year: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

The Pacific Explorers dive club thrives on member input. PLEASE express your ideas and thoughts by SPEAKING OUT.

I, \_\_\_\_\_ fully understand the risks involved with SCUBA diving and will not hold the **Pacific Explorers Dive Club**, it's officers, or membership liable as a result of any personal injury or loss and/or damage of SCUBA equipment while participating in a **Pacific Explorers Dive Club** sponsored event.

While SCUBA diving is one of the "safest sports" it is still inherently risky. The possibility of death or injury as a result of air embolism, decompression sickness, sinus barotrauma, ruptured eardrums, hazardous marine life, drowning, equipment malfunctions, or other accidents cannot be entirely eliminated.

I also understand that some club scheduled dives may be beyond my present capabilities and I will not participate in those events without prior training or counseling.

It is understood that the **Pacific Explorers Dive Club** only establishes the locations, times, dates, and dive site skill for each dive event, and cannot be held responsible for my safety.

I have fully read and do understand and accept the risk and conditions listed above.

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

If you are under 18 years of age, your parent or legal guardian's signature is required:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail To:        Pacific Explorers Dive Club, Inc.  
                  P.O. Box 9443  
                  Canoga Park, CA 91309

Or hand in at the next regularly scheduled club meeting  
(Second Wednesday of each month)

BE SURE TO COMPLETE A RELEASE OF LIABILITY/ASSUMPTION OF RISK FORM AS WELL!!