

Emerald Sea Dive Club Membership Application

Welcome to the Emerald Sea Dive Club! As either new or returning members, please fill out the following information making sure to **sign and date** the form on the back side of this application. You can either drop off the form at the monthly dive club meeting (1st Wednesday of the month) or mail the application to:

Emerald Sea Dive Club – Application
P.O. Box 73
Edmonds, WA 98020

Membership Waiver

I HEREBY ACKNOWLEDGE that SCUBA/skin diving can be dangerous. The possibility of serious injury or death is present. The proper use of equipment and techniques can be used to greatly minimize these risks. Emerald Sea Dive Club promotes safe diving practices in its activities, but cannot guarantee that accidents will not occur.

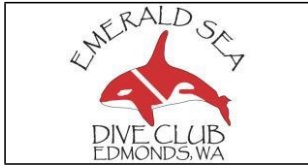
I FURTHER ACKNOWLEDGE that it is the responsibility of each diver to ensure that they follow accepted diving practices and to maintain the safety of their own diving equipment. Each diver should evaluate every diving situation with respect to his or her skill level and decline to participate if there is any doubt of performing a safe dive.

I FURTHER ACKNOWLEDGE that I am a voluntary participant in Emerald Sea Dive Club events, and in signing this release I take full responsibility for my own actions. I understand that Emerald Sea Dive Club, its members and officers, are not liable for injury or death that may occur during club activities.

I DO HEREBY AGREE AND HOLD HARMLESS AND INDEMNIFY the Emerald Sea Dive Club, its members or its officers, including but not limited to club members who provide their boats for club activities, for any injuries or damages that I, my equipment, my family, heirs or assigns may suffer as a result of Emerald Sea Dive Club activities, including SCUBA/skin diving.

The scope of this indemnity and hold harmless agreement includes both ordinary and gross negligence.

Turn the form over and fill out the member information and then sign and date the form to complete your membership application.



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Member(s) Information

**** Note:** If you are renewing your membership and none of your information has changed, all you need to do is review the member waiver information and then print your name, sign and date the form and then return this form with your dues.
(* denotes required field for new members)

Primary Member Information

* Name (First, Last) _____

* Address: _____

* City _____

* State _____ * Zip Code _____

* Home Phone _____

Mobile Phone (optional) _____

* Email Address _____

* Signature _____

* Date _____

(My signature indicates that I have read and agree to the terms of membership and waiver of liability on the reverse side of this form)

Membership

- New
- Renewal**

Membership Type

- Individual - \$30
- Family - \$47 * (2 or more people living at the same address)

Club Interests

- Check here if you are interested in *being* a “Big Buddy” in the Big Buddy Program.
- Check here if you are interested in *seeking* a “Big Buddy” from the Big Buddy Program.

***Additional Member Information** - For use when applying for a family membership. Each family member must fill out their name and sign below to acknowledge that they have read the waiver. Note that family members must all live at the same address.

Family Member No. 1

* Name (First, Last) _____

Family Member No. 2

Name (First, Last) _____

Email Address (optional) _____

Email Address (optional) _____

Mobile/Home Phone (optional) _____

Mobile/Home Phone (optional) _____

* Signature/Date _____

Signature/Date _____

Use extra copies of this form for additional family members.