

ATLANTIS RANGERS SKIN & SCUBA DIVING CLUB, INC.

Membership Application

mm / dd / yyyy

DATE OF APPLICATION

	mm / dd / yy	
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NAME LAST FIRST MI **BIRTHDATE** **E-MAIL ADDRESS**

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ADDRESS STREET APT# **PHONE - Home or Cell ?**

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CITY **STATE** **ZIP** PLUS FOUR **PHONE - Work or Cell ?**

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EMERGENCY CONTACT - NAME **RELATIONSHIP** (Spouse, Parent, etc.) **PHONE - Home Work or Cell ?**

CERTIFICATION INFORMATION

I understand that my signature on this application signifies that I have correctly and accurately represented my certification information. To dive with the Club, at least one level of certification must be supplied. I am aware that I cannot participate in dives sponsored by the Atlantis Rangers Skin & Scuba Diving Club, Inc. until I have supplied certification information **and signed the Release Of Liability Waiver Of Claims And Indemnity Agreement on the reverse side.**

AGENCY (NAUI, PADI, SSI, etc)	TYPE (Scuba Diver, Advanced Open Water, Nitrox, Instructor, etc.)	REGISTRATION NO.

mm / dd / yyyy		
DATE	INSTRUCTOR'S NAME	SPONSOR (Name of Dive Shop, School, Resort, etc.) & LOCATION

AGENCY	TYPE	REGISTRATION NO.

mm / dd / yyyy		
DATE	INSTRUCTOR'S NAME	SPONSOR & LOCATION

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DUES

Annual membership fee is due in full in
January for the calendar year.....\$35.00
(Members joining in October and later will be
considered paid for the next calendar year)

Family membership will be.....9.00
for the second member
and
For each additional member.....6.00

Total =

SIGNATURE

Please return application and make check payable to:
ATLANTIS RANGERS, INC.
c/o Mollie Heist
524 Arundel Blvd.
Crownsville, MD 21032-2108

The Atlantis Rangers have a set of rules for its divers and a set of by-laws for all of its members. Your signature indicates acceptance of the obligation to learn and abide by these rules and by-laws.

Signature

ATLANTIS RANGERS SKIN & SCUBA DIVING CLUB, INC.

**PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING THIS DIVING RELEASE
EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES**

I _____ hereby affirm and acknowledge that I have been fully informed of the unique and inherent hazards of Snorkeling, Skin and/or Scuba Diving. I fully understand that Scuba Diving with compressed air, oxygen or multiple mixed gases involves certain inherent risks including, but not limited to decompression sickness, embolism, oxygen toxicity, narcosis, barotrauma and hyperbaric injuries that can lead to serious permanent injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential unique hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities, as well as the use of any of the facilities and the use of the equipment of the below listed Releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive, with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the Atlantis Rangers Skin & Scuba Diving Club, Inc., its officers, divemasters, instructors, employees, representatives, agents, boat crews and volunteers (hereinafter referred to as Releasees).
2. To release the Releasees from any liability and responsibility, whatsoever for any claims or causes of action that I, my estate, heirs, executors or assigns, may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and/or Scuba Diving activities, whether caused by active or passive negligence of the Releasees or otherwise. By executing this document, I agree to save and hold harmless the Releasees from any claim or lawsuit by me, my family, estate, heirs or assigns arising out of my participation in Snorkeling, Skin and/or Scuba Diving activities and/or instruction.
3. I fully understand that Snorkeling, Skin and/or Scuba Diving activities are physically strenuous and I will be exerting myself during these activities. I understand and agree that if I am injured or killed as a result of heart attack, panic, hyperventilation, oxygen toxicity, narcosis, drowning or any other cause that I expressly assume the risk of these injuries and/or attended death and that I will not hold the Releasees included in this agreement responsible in any other way.
4. By entering into this Agreement I am not relying on any oral or written representations or statements made by the Releasees, other than what is set forth in this Agreement. I further agree that this Agreement shall be governed by, and interpreted in accordance with the laws of the State of California, United States of America.
5. If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained in this document.

I hereby declare that I have been truthful in stating my qualifications as a certified Scuba Diver and that I am aware of the required certification or equivalent experience. I have conducted a total of _____ dives to a maximum depth of _____ feet or _____ meters.

I fully understand that the terms of this Agreement are contractual in nature and not a mere recital. I further state by way of my signature, that I have signed this Agreement of my own free act. I also declare that I am of legal age and competent to sign this Agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ (Signature) _____ Date _____

Signature of Parent or Guardian if Participant is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Parent/Guardian (Name) _____ (Signature) _____ Date _____