

Channel Islands Scuba Dive Team



Application for Membership One Application per Diver

I, _____, fully understand that SCUBA diving poses inherent risks, and will not hold the Channel Islands Scuba Dive Team, its officers, employees, or members liable as a result of any personal injury or loss / damage of personal property while participating in a Channel Islands Scuba Dive Team sponsored / arranged event.

I understand that it is my responsibility to assess my diving ability against the diving opportunities provided through participation in the Channel Islands Scuba Dive Team. Participation in any events provided is solely at my discretion, and indicates my confirmation that I have assessed my abilities against the diving conditions, and have voluntarily chosen to participate. It is my sole responsibility to obtain training and/or counseling prior to engaging in any diving opportunities provided by the Channel Islands Scuba Dive Team.

I also understand that the Channel Islands Scuba Dive Team coordinates the date, time, and location of all dives. An assessment of the site and conditions against my skills is entirely my responsibility to ensure my safety.

Diving, boating, and related activities present inherent, substantial risks to participants, including risk of severe injury and death. Channel Islands Scuba Dive Team events may take place at a substantial distance from facilities providing medical treatment or rescue services. Every Channel Islands Scuba Dive Team member is expected to take full responsibility for their physical and mental health, insurance coverage, and compliance with standard safety rules and every personal decision relating to said activities in which they engage. Only I can decide when and where I dive.

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

Signature: _____

Date: _____

If under 18 years of age, parent/legal guardian's signature is required:

Parent/Guardian Signature: _____

Date: _____

Membership Level: Single – \$60
 Family – \$95 (Family Member Name: _____)

Name: _____

Date of Birth: _____

Address: _____

City, State ZIP: _____

e-mail: _____

Certification Agency/Level/#: _____

Phone (Home/Cell/Work): _____

Member Benefits: Your initial membership fee entitles you to 5 free air fills and a Team t-shirt. Limit of two per family membership. Renewal discounts of \$25 / \$40 respectively apply for members who participate in 5 or more Team Dive Events.