

Auburn Skin Divers Association

Membership Application & Release of Liability

Name: _____

Home Phone: _____

Address: _____

Cell#: _____

Permission to print cell# on buddy list _____ Yes _____ No

E-Mail: _____

Birth month & day: _____ / _____

Work Phone: _____

Additional Member/Spouse Information (Non-Diver)

Name: _____

Work Phone: _____

Email Address: _____

Cell#: _____

OPEN WATER Certification ...

Date: _____ Agency: _____

** List higher levels and specialty courses on the back of this form [if desired]*

Specialty Course, you would like listed with your name on the Buddy List

RELEASE, WAIVER and HOLD HARMLESS

Auburn Skin Divers Association is a club that is formed of friends and fellow divers who participate in activities together. **THE MEMBER AND ANY GUESTS OF THE MEMBER ASSUME ALL RESPONSIBILITIES DURING THIS TIME.** It is up to the member to judge their readiness or ability for any diving related activity. It is also up to the member and any guests of the member not to put themselves in any situation or any place that they feel may cause danger or harm to themselves. At no time is the club or any person associated with the club responsible for the member's or their guest's decisions or injuries.

The member has and hereby does assume all risk and will hold harmless both the club and all members associated with the club from any liability claimed by the member, or the member's guests and the member's estate, and the estates of any guests of the member, while the member, or guests, participates in whatever activities they and they alone decide are appropriate for themselves.

The provisions of this Release, Waiver, and Hold Harmless shall survive the death or incapacity of the member and their guests and shall be binding upon the member's estate, and the members guest's estates, and shall claimants, heirs, and devisees who claim through those estates.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THE RELEASE, WAIVER AND HOLD HARMLESS BY READING THIS DOCUMENT BEFORE I SIGN.

I UNDERSTAND THAT THE TERMS HEREIN ARE CONTRACTUAL AND I HAVE WAIVED ALL RIGHTS TO LIABILITY.

Signature: _____ Date: _____

Witness: _____ Date: _____

Annual Membership Rates [April to April]

New or Renewing Individual - \$20.00 [pro-rated \$1.67 month]

New or Renewing Family - \$25.00 [pro-rated \$2.09 month]

Amount Enclosed: \$ _____; Date: ____/____/____

Please make checks payable to: Auburn Skin Divers Association

c/o: Diana O'Brien, 4532 Route 38A, Skaneateles, NY 13152