



MEMBERSHIP APPLICATION

MISSION STATEMENT

Maine-iac Divers is a social club created to provide opportunities for its members to participate in group SCUBA diving activities in a relaxed, easygoing environment.

About You	
Name:	Primary e-mail:
Date of Birth:	2 nd Email:
Address:	Phone:
Address:	2 nd (Cell) Phone:
Address:	
Emergency Contact Information	
If 1 st emergency contact is a club member who may also be diving please include a second contact person.	
Name:	Name:
Phone:	Phone:
2 nd (Cell) Phone :	2 nd (Cell) Phone:
Your Diving	
Agency:	Year originally certified:
Certification number:	

Required with each members application:

- Completed application
- Completed waiver
- Photocopy of certification card
- Dues payment

Application information is required to:

1. Facilitate effective emergency response
2. Document fundamental training. Divers of all training and experience levels are welcome.

Dues

- Individual membership \$24 per calendar year (Includes a club Tee shirt)
- Family Membership \$30 per calendar year (Includes 1 club Tee shirt per family)
- Dues for new members are prorated at 1/12th for each of the remaining full months in the year.
- Example: An individual joining in June pays \$12 for July – December.

Signature of Club President: _____

Printed Name of Club President: _____

WAIVER

Please initial next to each statement:

I, _____ (print name) hereby apply for membership in the Maine-iac Divers Scuba Club ("Club") of Maine and agree to abide by all Club rules.

_____ I verify that I am 18 years of age or older.

_____ I acknowledge that I will be voluntarily participating in Club activities with full knowledge of the dangers involved.

_____ In consideration of your acceptance of this application and my membership in the Club, I agree to assume all risks of bodily injury, death or property damage, arising out of or in connection with my participation in Club activities.

_____ Further, I understand that scuba diving involves certain risks including decompression sickness, embolism, or other hyperbaric injuries, and that diving activities may take place at sites that are remote in time, distance or both from medical facilities and first aid providers. Despite the lack of medical facilities and/or a recompression chamber near the dive site, I still choose to proceed with scuba diving activities.

_____ I also agree to release, indemnify, defend, and hold harmless the Club and its members and officers from any liability arising out of or in connection with any participation in Club activities.

_____ I understand and agree that neither the Officers of the Club nor any of their respective agents or assigns (hereinafter referred to as "Released Parties") may be held responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities or as a result of negligence of any party, including the Released Parties, whether passive or active.

_____ I further agree that this release and indemnification is intended to be as broad and inclusive as is permitted by the laws of the State of Maine.

_____ I have carefully read this release and fully understand its contents. I sign this release of my own free will with full knowledge of its significance.

Signature: _____

Witness Signature: _____

Print Name: _____

Witness Printed Name: _____

Date: _____

Date: _____