



**Southern California Dive Club
of the
Inland Empire**
www.scdcie.com

Membership Application

**Dive Shops WILL NOT Accept
Applications, Waivers of Liability or
Statement of Safe
Diving Practices.**

*Please mail all completed forms
& waivers with payment to:*

SCDCIE
2910 S. Archibald Ave, #A-229
Ontario, CA 91761

Last Name: _____ **First Name:** _____ **Initial:** _____

Address: _____ **Apt. #** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Email: _____

Certification Level: _____ **Agency:** _____

(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) YES NO

I fully understand the risks involved with SCUBA Diving and will not hold the "Southern California Dive Club of the Inland Empire", any of its officers or members liable as a result of any personal injury or loss or damage to SCUBA equipment while participating in a "Southern California Dive Club of the Inland Empire" event. _____ **Initial**

I have been given the opportunity to review the Club By-Laws and Policies & Operating Procedures (POP's) established by The Club. I understand and agree to abide by the POP's of The Club and to obey the directions of the Club Leaders, organizers, officials and officers during all Club activities. I understand that my disobedience to the above may result in the immediate termination from the Club, including suspension of all Club benefits. I hereby grant full permission of The Club to use photographs, videotapes, and or record of my participation in Club activities, including my name, likeness, and/or voice. _____ **Initial**

SCUBA Diving is inherently risky. I understand that the possibility of death or injury as a result of an air embolism, decompression sickness, sinus barotraumas, ruptured eardrum, hazardous marine life, drowning, equipment malfunctions, or other accidents cannot be entirely eliminated. _____ **Initial**

I also understand that some club-scheduled dives may be beyond my or my family member's present capabilities and I will not attempt that event without prior training or counseling. _____ **Initial**

I understand that the "Southern California Dive Club of the Inland Empire" only establishes locations, times, dates, and dive site skill level for each dive event and cannot be held responsible for my safety. _____ **Initial**

I understand and accept the fact that the benefits I receive as a club member are for my personal use as a recreational diver. I understand my name and members of my family who have joined the Club names will be given to our Supporter for purpose of verification in their Dive Centers. If our Supporter determines that the benefits (air fills, discounts, etc.) are being used for commercial purposes, the benefits I receive as a member may be changed or revoked by the Club or by our Supporter. _____ **Initial**

I have fully read, understand and accept the risks and conditions above.

Signature _____ **Date** _____

Family Member Information:

Last Name: _____ **First Name:** _____ **Initial:** _____

Certification Level: _____ **Agency:** _____
(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) Yes No

Last Name: _____ **First Name:** _____ **Initial:** _____

Certification Level: _____ **Agency:** _____
(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) Yes No

Last Name: _____ **First Name:** _____ **Initial:** _____

Certification Level: _____ **Agency:** _____
(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) YES NO

Membership Dues:

Please Check One

_____ **Annual SINGLE Dues -\$25.00, PLUS \$10.00 Application Fee**

_____ **Annual FAMILY Dues -\$50.00/Couple, PLUS \$10.00 Application Fee**

_____ **Family Members 18 & over: \$25.00/additional Family Member**

_____ **Family Members *under the age of 18*: \$10.00/Child (Associate Member)**

These terms were adopted November 15, 2002, by the SCDCIE Board of Directors. *Applications, Waivers and Statement of Safe Diving Practices* are available at the Club's monthly meetings, Board of Director's meetings, Club Dive Activities, or off the Club's Website at www.scdcie.com. If expiration date exceeds 3 months, members must rejoin club at the Single or Family rate PLUS an Application Fee. All members will be required to sign a *Statement of Risk and Release of Liability and Safe Diving Practice Statement* at each and every SCDCIE Dive

Activity. Membership and membership benefits are non transferable.

<i>FOR SCDCIE USE ONLY</i> Issue Date: _____ Expiration Date: _____
Membership Application: _____ Waiver of Liability Form(s): _____ # of Cards Issued: _____
Standard of Safe Diving Practices Form(s): _____ Family: _____ or Single: _____
Payment Received: Cash: _____ Check: _____ Check # _____ Amount: \$ _____
For Checks Only: CDL#: _____ Expiration: _____ D.O.B: _____