



**CAPITAL UNDERWATER DIVERS ASSOCIATION
MEMBERSHIP APPLICATION**

<input type="checkbox"/> \$30 Single	<input type="checkbox"/> \$50.00 Couple	<input type="checkbox"/> \$60.00 Family (3 or more)
3 Year Membership <input type="checkbox"/> \$75.00 Single	<input type="checkbox"/> \$125.00 Couple	<input type="checkbox"/> \$150.00 Family (3 or more)
Name:	Nickname:	Date: / /

Current Address:

City:	State:	Zip:
Home Phone:	Mobile Phone:	Email:
Would you like your information in the club directory: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like to receive the Club Newsletter via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPOUSE / DOMESTIC PARTNER INFORMATION

Name:	Nickname:	Diver: <input type="checkbox"/> Yes <input type="checkbox"/> No	Snorkel: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone if Different:	Email:		

EMERGENCY CONTACT INFORMATION

Name of relative not residing with you:

Address:

City:	State:	Zip:
Phone:	Relationship:	

DIVING INFORMATION

Year Certified:	Certification Agency:
Certification Level:	Certification Number:

SPECIALTY CERTIFICATION
Select if certified / interested and enter date if certified

<input type="checkbox"/> Open Water	<input type="checkbox"/> Emergency First Response	<input type="checkbox"/> AWARE Fish ID
<input type="checkbox"/> Advanced Open Water	<input type="checkbox"/> Digital UW Photographer	<input type="checkbox"/> Project AWARE Specialist
<input type="checkbox"/> Altitude Diver	<input type="checkbox"/> Underwater Videographer	<input type="checkbox"/> Side Mount Diver
<input type="checkbox"/> Deep Diver	<input type="checkbox"/> Underwater Navigation	<input type="checkbox"/> Semi-closed Re-breather
<input type="checkbox"/> Enriched Air Diver	<input type="checkbox"/> Diver Propulsion Vehicle	<input type="checkbox"/> Cavern Diver
<input type="checkbox"/> Night Diver	<input type="checkbox"/> Drift Diver	<input type="checkbox"/> Wreck Diver
<input type="checkbox"/> Peak Performance Buoyancy	<input type="checkbox"/> Boat Diver	<input type="checkbox"/> Multilevel Diver
<input type="checkbox"/> Search and Recovery	<input type="checkbox"/> Equipment Specialist	<input type="checkbox"/> Master Diver
<input type="checkbox"/> Rescue Diver	<input type="checkbox"/> Dry Suit Diver	<input type="checkbox"/> Dive Master

CLUB ACTIVITIES
Select which activities you would be interested in participating

<input type="checkbox"/> Newsletter	<input type="checkbox"/> Setting up for Meetings
<input type="checkbox"/> Write Articles for Newsletter	<input type="checkbox"/> Organizing / Assisting with Dives
<input type="checkbox"/> Assist with Web Site	<input type="checkbox"/> Organizing / Assisting with Trips
<input type="checkbox"/> Arranging Guest Speakers	<input type="checkbox"/> Organizing / Assisting with Parties / Events
<input type="checkbox"/> Other (Please specify):	

Please make check payable to: Capital Underwater Divers Association (CUDA)

New Memberships are accepted at club meetings / events only!

ADDITIONAL BIOGRAPHICAL INFORMATION

Insert any additional biographic information you deem appropriate: (i.e. diving experience, dive trips, etc.)

MEMBERSHIP RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Name: _____

Date of Birth: _____

Address: _____

City: ST: ZIP: _____

Name of Club (hereafter "The Club") **Capital Underwater Divers Association (CUDA)**

Years Participating in Sport: _____

Principle Activity: **RECREATIONAL SCUBA DIVING AND SNORKELING.**

I understand and am aware that participation and the above referenced sport and the activities of the Club can be HAZARDOUS. I understand that the sport and Club activities involve risk of injury to any and all parts of my body. Despite the risk of injury, I HEREBY AGREE TO FREELY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH while participating in the sport and related activities regardless of cause including active or passive negligence.

(Please initial _____)

I am a certified diver and have been taught and understand that scuba diving has inherent risks and dangers associated therewith including, but not limited to, decompression sickness, embolism, equipment failure or malfunction, acts of fellow divers, depletion of breathing gas supply, becoming lost or disoriented at depth, becoming entangled or trapped by objects on the sea floor or wreck, onset of sudden illness at depth, strong current, poor visibility, oxygen poisoning and/or other perils which could cause injury, sickness and/or death AND I SPECIFICALLY ASSUME SUCH RISKS. I also understand that breathing gas other than air, diving deeper than 130 feet, and conducting dives requiring mandatory decompression, increases these inherent risks.

(Please initial _____)

I understand that I must be in good health to participate in the Club's activities and the Club activities that involve exposure to the elements are all-weather activities and may take place during, but not limited to, rain, snow, hail, smog, heat and/or wind. I hereby certify that my participation in Club activities is voluntary and that I am in good physical condition to safely participate in the Club's activities.

(Please initial _____)

In consideration of acceptance of my application for membership to the Club, I hereby AGREE TO RELEASE, HOLD HARMLESS, DEFEND AND INDEMNIFY and further AGREE NOT TO SUE OR MAKE A CLAIM AGAINST, The Club and all of its officers, directors, employees, members or Sponsors from ANY AND ALL LIABILITY for injuries or damage to me or my property even if the injury or damages arises from the alleged negligence (active or passive) of any individual or entity.

(Please initial _____)

I understand and agree to abide by the Rules of the Club and to obey the directions of the Club leaders, organizers, and officials, and officers during all Club activities.

(Please initial _____)

I understand and agree that should medical or other services be rendered to me by, or at the insistence of any Club representatives or employees, such services do not constitute an admission of liability or an agreement to provide or to continue to provide such services.

(Please initial _____)

I hereby grant full permission to the Club to use photographs, videotapes, and or other record of my participation in club activities, including my names, likeness, and/or voice for any legitimate purpose.

(Please initial _____)

In consideration of being accepted as a member of the Club, I hereby agree to accept all the terms and conditions of this contract.

(Please initial _____)

This document constitutes the final and entire agreement between the Club and the undersigned. I have carefully read this agreement. I UNDERSTAND THAT IT IS A LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT. I UNDERSTAND THAT IT IS A CONTRACT AND SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT THIS CONTRACT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS AND MY LEGAL GUARDIANS OR REPRESENTATIVES.

(Please initial _____)

**THIS IS A RELEASE OF LIABILITY
DO NOT SIGN IT IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.**

Members or Agent Signature: _____ Date: _____

Signature of Parent or
Guardian if Member is a Minor: _____ Date: _____

**Mail Completed Form to:
CUDA Dive Club
c/o Patricia Butler
3124 SW 29th St. #5
Topeka, KS 66614**

**OR Bring with you to the next scheduled meeting.
Membership / Emergency contact and Liability
Waiver MUST be on file before you can participate
in any scheduled activities/events.**

Accepted By (Club Officer) _____ Date: _____

Approved By (Club Officer) _____ Date: _____