



# membership application

## Personal information

Name (1): \_\_\_\_\_

Name (2): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

How did you hear about Lambda Divers? \_\_\_\_\_

Note: Two people may join for one membership fee provided they live at the same address. Only one copy of **Tank Talk**—our semi-annual newsletter—and other notices will be mailed to the above address, but there will be two listings in the membership directory. Use the spaces marked (2) for the second person.

## Please provide the following information for each person:

Person 1

Person 2

Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Certification agency: \_\_\_\_\_

Highest level of certification: \_\_\_\_\_

Year first certified: \_\_\_\_\_

Number of dives logged to date: \_\_\_\_\_

Date of last dive: \_\_\_\_\_

Lambda Divers may list my name, address and phone in a directory with distribution limited to club members:  Yes  No  Yes  No

Lambda Divers may use my full name (rather than first name and last initial) in Tank Talk, the club newsletter:  Yes  No  Yes  No

## Membership rates

If you join in:	Local single*		Local household*		Outside local area**	
	One year	Two years	One year	Two years	One year	Two years
January - March	\$30.00	\$45.00	\$45.00	\$67.50	\$25.00	\$37.50
April - June	\$22.50	\$33.75	\$33.75	\$50.00	\$18.75	\$28.00
July - September <sup>+</sup>	\$45.00		\$67.50		\$37.50	
October - December <sup>+</sup>	\$37.50		\$56.25		\$31.25	

\* Local areas include DC, MA and VA (within 2 hours of DC).

\*\* Discounted rate for outside the local area is the same for single household.

+ July - December includes membership throughout the following year.

Initial and sign the waiver on the back of this page,

include your check payable to Lambda Divers, Inc. and mail to: Lambda Divers, Inc., P.O. Box 1621, Annandale, VA, 22003

# Waiver of Liability

Certified divers: INITIAL each box in the left column, then sign and date at the bottom.

Uncertified people: INITIAL box number 10 and then sign and date at the bottom.

1. I am a certified SCUBA diver trained in the principles and practices of safe recreational diving.
2. I understand and accept the risks inherent in this sport.
3. I am in good mental health and am physically fit for SCUBA diving, but I also understand that SCUBA diving is a physically strenuous activity and that I will be exerting myself during the course of dive travel and diving activities. I expressly assume the risks this entails.
4. I am not under the influence of alcohol, nor am I taking any drugs that are contraindicated for diving. If I am taking medication, I affirm that I have seen a physician and have his/her approval to nonetheless participate in this sport.
5. I understand that there are hazards and dangers associated with and incidental to SCUBA diving with compressed air and that injuries may occur that require treatment in a recompression chamber. I further understand that open water diving may take place at sites that are remote, by time and/or distance, from a recompression chamber and/or medical facility and that I could require air evacuation. I voluntarily and knowingly accept and assume all these risks when I proceed with such dives.
6. I understand that even if I employ all the appropriate principles and practices relevant to safe diving, there is still some risk of my sustaining heart attack, decompression sickness, embolism, or other hyperbaric injuries and I expressly assume the risk of such injuries or illnesses.
7. I am aware of the potential hazards and dangers associated with and incidental to boat transportation, boat-based diving activities, and boat-based residence, and I expressly assume such risks.
8. I recognize and understand that diving in open water may involve unavoidable risks and dangers due to environment, animal or sea life, currents and other changing conditions, or mechanical equipment failure or misuse, all of which can result in injury or loss of life. I expressly assume such risks.
9. I acknowledge that I alone am responsible for my own activities while engaging in SCUBA diving and that I cannot rely upon anyone else to advise me of my own improper or unsafe procedures and practices while diving.
10. I hereby covenant not to sue and release, waive, and discharge **Lambda Divers, Inc.**, its officers and directors, other participants, operators, officials, sponsors, advertisers, owners, and lessees of premises, their officers and employees, all for the purposes herein referred to as "Releasees," from all liability to me, my personal representative, assigns, heirs, and next of kin for any and all damage, and any claims or demands thereof on account of injury to me, my death, or damage to my property, whether caused by negligence of the Releasees or otherwise while I am participating in these events. I hereby agree to indemnify and save and hold harmless the Releasees and each of them from any loss, liability, damage, or costs they may incur due to my participation. I hereby assume full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise while participating in these events. I further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of Maryland or of the province or state in which these events are conducted. I further agree that if any portion of this Release is held invalid, the balance shall notwithstanding continue in full legal force and effect. In the event that I prosecute any claim against the members, agents, and servants of **Lambda Divers, Inc.**, I shall hold them harmless from any and all loss or liability, including costs and legal fees.

***I acknowledge that I have read the foregoing in its entirety and fully understand the legal rights that I am giving up by signing this document. This document shall remain in full legal force and effect until revoked by me in writing.***

Date: \_\_\_\_\_

Signature (1): \_\_\_\_\_ Printed Name (1): \_\_\_\_\_

Signature (2): \_\_\_\_\_ Printed Name (2): \_\_\_\_\_