

MASS. BAY DIVERS, INC
 147 Bridge St., N. Weymouth MA 02192
 Membership Application

(Please Print)

Name: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Mobile Phone: (____) _____

Email Address: _____

Do you wish to receive the newsletter via email? Yes No (US mail only)

Highest Certification Level: _____ Certification # _____

Agency: PADI SSI NAUI TDI GUE Other _____

Available to dive during week days (Specify Days): _____

If Joining Between:

Membership Information	Jan-Aug	or	Sept-Dec	Amount
Single Membership: _____	\$25.00	or	\$12.50	\$ _____
Family Membership _____	\$40.00	or	\$20.00	\$ _____
New Member Initiation Fee: # of Members: _____ X			\$10.00	\$ _____

Please Make Checks Payable to: Mass Bay Divers Inc. **Total Due:** \$ _____

Additional Family Member Information (Please Print)

Member #2: _____

Member #3: _____

Member #4: _____

Member #5: _____

Member #6: _____

Note: Each member must complete this form, initial and sign a liability form and provide a photocopy of their C-Card before becoming an active member and receiving a newsletter.

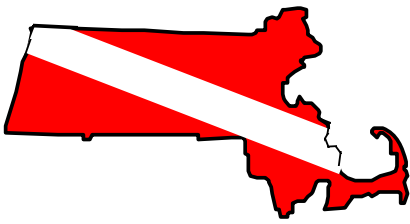
Emergency Contact Information: (Please Print)

Name: _____ Relationship: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Mobile Phone: (____) _____



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Liability Agreement

I am a certified scuba diver, trained in safe diving practices, and the purpose of my diving activity is strictly recreational. In consideration for engaging in diving activities with Mass Bay Divers Inc. I certify, acknowledge, and agree to the following, each paragraph of which I have initialed:

_____ I Recognize and understand that diving involves unavoidable risks and dangers, including malfunctions of equipment, risks due to environment, animal or sea life, risks due to currents and other changing conditions, all of which can result in injuries and loss of life, and I expressly assume such risks;

_____ I affirm that I am in good mental and physical condition for diving, but I understand that diving is a physically strenuous activity, that I will be exerting myself during these diving excursions, and I expressly assume the risk of such activity;

_____ I will not dive under the influence of alcohol or drugs; any medication I am taking is solely my responsibility, based upon consultation with physicians who have approved its use while diving;

_____ I understand that even if I follow all of the appropriate dive practices, there is still some risk of sustaining heart attack, decompression sickness, embolism, or other hyper baric injuries, and I expressly assume the risk of such injuries or illnesses;

_____ I agree to follow the recognized and established safety practices associated with scuba diving, but I realize that even though such practices are observed there is still a risk of accident or injury and I expressly assume such risks;

_____ I understand that diving with compressed air involves certain risks and that diving activities are often conducted under circumstances where medical attention is not immediately available, and I expressly assume the risks involved in diving under such circumstances;

_____ I acknowledge that I alone am responsible for my own activities while engaging in scuba diving and I cannot rely upon anyone else to advise me of my own improper or unsafe procedures and practices while diving. I will exercise care in my own activities while engaging in scuba diving and I assume full responsibility and liability for injury or harm which occurs as the result of any lack of good care on my part, and in no way hold Mass Bay Divers Inc. responsible.

Certification Agency: PADI / NAUI / Other _____ **Certification Level:** _____

Certification Date: _____ **Student No:** _____ **Birth Date:** _____

If less than 18 Years old a parent/legal guardian must initial above and sign the following:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Diver Name (Print): _____

Diver Signature: _____ **Date:** _____