

Auburn Skin Divers Association
Membership Application & Release of Liability

Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ Permission to print on the Buddy List? _____
Email Address: _____

Spouse/Significant Other (Non diver) Information:
Name: _____ Cell Phone: _____

Certification Level: (Highest level certified and listing you'd like on the Buddy List) _____
Certifying agency: _____ Buddy Listing: _____

If not over 18 years old, signature and telephone number of parent or legal guardian:
Name: _____ Signature: _____ Phone # _____

Annual Membership (April to April):
△ New or Renewing Individual (\$30.00) △ New or Renewing Diving Family (\$35.00)
(Pro-rated \$2.50 month) (Pro-rated \$2.95 month)
* Each diving member of the same family needs to fill
out a separate membership application please

Total Amount Enclosed: _____

RELEASE, WAIVER AND HOLD HARMLESS

Auburn Skin Divers Association is a club that is formed of friends and fellow divers who participate in activities together. **THE MEMBER AND ANY GUESTS OF THE MEMBER ASSUME ALL RESPONSIBILITIES DURING THIS TIME.** It is up to the member to judge their readiness or ability for any diving related activity. It is also up to the member and any guests of the member not to put themselves in any situation or in any place that they feel may cause danger or harm to themselves. At no time is the club or any person associated with the club responsible for the member's or their guest's decisions or injuries.

The member has and hereby does assume all risk and will hold harmless both the club and all the members associated with the club from any liability claimed by the member, or the member's guests and the member's estate, and the estates of any guests of the member, while the member or the guest participates in whatever activities they and they alone decide are appropriate for themselves.

The provisions of the Release, Waiver and Hold Harmless shall survive the death or incapacity of the member and their guest's estates and claimants, heirs and devisees who claim through those estates.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE, WAIVER AND HOLD HARMLESS, BY READING THIS DOCUMENT BEFORE I SIGN. I UNDERSTAND THE TERMS HEREIN ARE CONTRACTUAL AND I HAVE WAIVED ALL RIGHTS TO LIABILITY

Signature: _____ Date: _____
Witnessed by: _____ Date: _____

*Mail signed and witnessed application to: ASDA c/o Diana O'Brien 4532 Rt. 38A Skaneateles, NY 13152
*Checks are made out to ASDA