

2025

THE DIVE CLUB – PO Box 96, West Islip, NY 11795

APPLICATION DATA SHEET

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email: _____

Emergency Contact: Name: _____ Telephone: _____ Relationship: _____

Level of Certification: Certifying Agency: Date of Certification:

Student ☐ Yes ☐ No Years Diving: Approx. Number of Dives made: Deepest Dive to date:

Have you ever made a planned decompression dive? ☐ Yes ☐ No

What are your diving interests? ☐ Wreck Diving ☐ Shore Diving ☐ U/W Photography ☐ Deep Diving
(Check all that apply) ☐ Spear Fishing ☐ Night Diving ☐ Artifact Collecting ☐ Travel/Vacation
☐ Environmental Issues

Are you First Aid/CPR certified? ☐ Yes ☐ No

Are you interested in furthering your present level of certification? ☐ Yes ☐ No

What are you looking for in a dive club?

Would you be interested in participating in club committees? ☐ Yes ☐ No

When are you available for club dives/activities? (Check all that apply): ☐ days ☐ nights ☐ weekends

Do you have Dive Accident Insurance (DAN or other)? ☐ Yes ☐ No

Are you a member of any other dive clubs? ☐ Yes ☐ No If so, which ones?

Membership Type: Please check ☐ New ☐ Renewal

☐ Single Membership: \$25.00. Full club membership

☐ Family Membership: \$35.00. Full Club membership for the person signing up, plus Partner and all children 26 years old and under.

Disclaimer:

I understand that if accepted for membership in The Dive Club, I will be bound by the by-laws of The Dive Club and will be required to sign a waiver of liability and pay the applicable admission fee.

Signature of applicant: _____ Date: _____

Approved by:

Signature/Title of Club officer: _____ Date: _____



LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

This is an important legal document. You may wish to consult an attorney prior to signing it.

This release may be used against you in a court of law if you sue any released person or party.

Please read carefully, **fill in all blanks and initial each paragraph before signing**. Incomplete forms will not be accepted.

I, _____, hereby affirm that I have been advised and thoroughly informed through my open water training of the inherent risks of skin and scuba diving.

- Further, I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that any trips of any kind (diving or non-diving), whether sponsored or not, by The Dive Club may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such diving activities in spite of the absence of a recompression chamber in proximity to the dive site(s).
- I understand and agree that neither The Dive Club or any of their respective board members, officers, agents or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in any Dive Club activity, or as a result of negligence of any party, including the Released Parties, whether passive or active.
- In Consideration of being allowed to become a member of The Dive Club I hereby personally assume all risks in connection with diving or non-diving activity from any harm, injury or damage that may befall on me, including all risks connected therewith, whether foreseen or unforeseen.
- I further save and hold harmless said Dive Club and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in Club events including both claims arising during said event or after said event.
- I Further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during any diving activity, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same.
- I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.
- I acknowledge scuba diving is an activity that is done with a buddy. I will not make a solo dive during a Dive Club event unless I am certified to do so by an accredited training agency and I am equipped to make this dive safely.
- I understand that the terms herein are contractual and are not a mere recital, and that I have signed this document of my own free act.
- I acknowledge that The Dive Club does not provide buddies, gear, transportation, training, or professional advice pertaining to the sport of scuba diving. However, the dive sponsors will do their best to help club members find what they need for a dive by setting up email groups to allow individual club members to coordinate rides, buddies, and rental gear, if necessary.
- The Dive Club does not vet divers or make any determination about whether any diver is qualified to do any given dive. This decision is entirely up to the individual diver, as well as any external dive operator, such as a dive boat captain or resort operator. It is important to evaluate your current experience when making the decision to dive. If you only have experience diving in warm waters with optimal visibility, you should consider the additional challenges associated with northeast diving before making your decision. I expressly assume the risk of any injury or illness for **each and every** dive that I determine to make and hold harmless for the same the above listed companies and individuals.



- I acknowledge that for planned boat charters, the minimum certification and equipment requirements listed in our newsletter are the requirements of the boat captains. Please contact them directly if you have any questions about the suitability of a dive for you.
- I understand that DAN (Divers Alert Network) Insurance or other similar diving accident insurance policies are available to me if I choose to acquire this. I acknowledge that it is my own responsibility to educate myself on the available policies and choose the one, if any, that is appropriate for me. I understand that without this, I will be responsible for any medical bills or damages to my equipment that I incur.
- I recognize that I may receive false or misleading information from one or more club members or non-members pertaining to the relative difficulty of a dive or my ability to safely participate in or perform a dive. Additionally, I acknowledge that one or more club members or non-members may negligently approve of my dive plan, including preparation or intended dive plan, the condition of my equipment, my ability to use my equipment, or proper use of equipment. I understand and agree that **I am responsible for determining whether I am capable of executing** a dive safely, whether I have sufficient information regarding my own physical abilities and the intended dive to base this decision, as well as whether my equipment is in proper working condition and is sufficient for the intended dive. I release The Dive Club and all co-signers who by signing this waiver similarly release me from negligent acts or omissions of this nature.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE THE DIVE CLUB, AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Reviewed by Club Officer

Date



Membership Directory Data Sheet

First Name _____

Last Name _____

Telephone Number _____

E-Mail Address _____

I wish to have the above information published in the 2025 Membership Directory to be distributed to the Membership.

Signature of Member _____

Date _____

