



Southern California Dive Club
of the
Inland Empire
www.scdcie.com

**Dive Shops WILL NOT Accept
Applications, Waivers of Liability or
Statement of Safe Diving Practices.**

Please mail all completed forms &
waivers with payment to:

SCDCIE
10950 Arrow Route
Box 3626
Rancho Cucamonga, CA 91729

Membership Application

Last Name: _____ First Name: _____ Initial: _____
Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Certification Level: _____ Agency: _____
(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) YES NO

I fully understand the risks involved with SCUBA Diving and will not hold the "Southern California Dive Club of the Inland Empire", any of its officers or members liable as a result of any personal injury or loss or damage to SCUBA equipment while participating in a "Southern California Dive Club of the Inland Empire" event. _____ Initial

I have been given the opportunity to review the Club By-Laws and Policies & Operating Procedures (POP's) established by The Club. I understand and agree to abide by the POP's of The Club and to obey the directions of the Club Leaders, organizers, officials and officers during all Club activities. I understand that my disobedience to the above may result in the immediate termination from the Club, including suspension of all Club benefits. I hereby grant full permission of The Club to use photographs, videotapes, and or record of my participation in Club activities, including my name, likeness, and/or voice. _____ Initial

SCUBA Diving is inherently risky. I understand that the possibility of death or injury as a result of an air embolism, decompression sickness, sinus barotraumas, ruptured eardrum, hazardous marine life, drowning, equipment malfunctions, or other accidents cannot be entirely eliminated. _____ Initial

I also understand that some club-scheduled dives may be beyond my or my family member's present capabilities and I will not attempt that event without prior training or counseling. _____ Initial

I understand that the "Southern California Dive Club of the Inland Empire" only establishes locations, times, dates, and dive site skill level for each dive event and cannot be held responsible for my safety. _____ Initial

I understand and accept the fact that the benefits I receive as a club member are for my personal use as a recreational diver. I understand my name and members of my family who have joined the Club names will be given to our Supporter for purpose of verification in their Dive Centers. If our Supporter determines that the benefits (air fills, discounts, etc.) are being used for commercial purposes, the benefits I receive as a member may be changed or revoked by the Club or by our Supporter. _____ Initial

I have fully read, understand and accept the risks and conditions above.

Signature _____ Date _____

Family Member Information:

Last Name: _____ First Name: _____ Initial: _____

Certification Level: _____ Agency: _____

(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) Yes No

Last Name: _____ First Name: _____ Initial: _____

Certification Level: _____ Agency: _____

(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) Yes No

Last Name: _____ First Name: _____ Initial: _____

Certification Level: _____ Agency: _____

(NAUI, PADI, SSI, YMCA, etc.)

Buddy List? (Circle One) YES NO

Membership Dues:

Please Check One

_____ Annual SINGLE Dues -\$25.00, PLUS \$10.00 Application Fee

_____ Annual FAMILY Dues -\$50.00/Couple, PLUS \$10.00 Application Fee

_____ Family Members 18 & over: \$25.00/additional Family Member

_____ Family Members *under the age* of 18: \$10.00/Child (Associate Member)

These terms were adopted November 15, 2002, by the SCDCIE Board of Directors. *Applications, Waivers and Statement of Safe Diving Practices* are available at the Club's monthly meetings, Board of Director's meetings, Club Dive Activities, or off the Club's Website at www.scdcie.com. If expiration date exceeds 3 months, members must rejoin club at the Single or Family rate PLUS an Application Fee. All members will be required to sign a *Statement of Risk and Release of Liability and Safe Diving Practice Statement* at each and every SCDCIE Dive Activity. Membership and membership benefits are non-transferable.

FOR SCDCIE USE ONLY Issue Date: _____ Expiration Date: _____

Membership Application: _____ Waiver of Liability Form(s): _____ # of Cards Issued: _____ Standard of Safe Diving Practices Form(s): _____

Family: _____ or Single: _____ Payment Received: Cash: _____ Check: _____ Check # _____ Amount: \$ _____

For Checks Only: CDL#: _____ Expiration: _____ D.O.B: _____



SCDCIE Members Only Southern California Dive Club of the Inland Empire

CLUB EVENTS - VOLUNTARY LIABILITY RELEASE AND ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

I, _____, HEREBY DECLARE THAT I AM A **Participant's Full Name**
CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SKIN AND SCUBA
DIVING.

I understand and agree that neither **The Southern California Dive Club of the Inland Empire**, (herein after referred to as **SCDCIE**); Board of Directors, affiliated organizers, Club Members or designated promoters of sanctioned SCDCIE Club activities or events; *International PADI, Inc., NAUI Worldwide, SSI, YMCA, L.A. County, IDEA, PDIC* or any other recognized SCUBA Certifying Agency, nor their affiliates or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (herein after referred to as "**Released Parties**", may be held liable or responsible in any way for any injury, death or other damages to me or any member of my family, heirs, or assigns that may occur as a result of my participation in **SCDCIE** Club Activities, or as a result of product liability or the negligence of any party, including the **Released Parties**, whether passive or active.

I understand that diving with compressed air, snorkeling and breath hold diving involves certain inherent risks, including but not limited to, Decompression Illness (Arterial Gas Embolism (AGE), air expansion injuries, decompression sickness, near-drowning and drowning). Hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this activity 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 activity in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand that I must be in good mental and physical fitness for diving, and that I will not be under the influence of alcohol, nor will I be under the influence of any drugs that are contradictory to diving. If I am put on any medication, I declare that I will consult with my physician and will ensure that my physician approves me for diving while under the influence of the medication/drugs.

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this activity and that if I am injured as a result of heart attack, panic, hyperventilation and general slip & fall incidents, etc., that I assume the risk of said injuries and that I will not hold the **Released Parties** responsible for the same.

I will inspect all of my equipment prior to the activity. I will not hold the **Released Parties** responsible for my failure to inspect my equipment prior to diving. In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with the dive(s) for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said activity and **Released Parties** from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of my participation in this activity, including both claims arising during the activity or after I complete the activity.

I further declare 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 understand that the terms herein are contractual and not a mere recital, that this instrument is a legally binding document, and that I have signed this document of my own free act.

I, _____, by the instrument do hereby

Participant's Full Name **exempt, understand and release The Southern California Dive Club of the Inland Empire, the entire Board of Directors, Club Members, affiliated organizers & designated promoters of sanctioned SCDCIE Club activities or events; International PADI, Inc., NAUI Worldwide, SSI, YMCA, L.A. County, IDEA, PDIC or any other recognized SCUBA Certifying Agency 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 product liability or the negligence of the released parties, whether passive or active. I have read, understand and fully accept the contents of this Liability Release and Assumption of Risk, and by signing it, relinquish any further litigation rights for my immediate family, my heirs current or future and myself, regardless of fault, negligence or any other circumstance. I also fully acknowledge reading, understanding and accepting this Liability Release and Assumption of Risk before I signed it on behalf of my immediate family, heirs, current or future and myself.**

Participant's Signature

Date

Signature of Parent or Guardian (where applicable)

Date

Certifying Agency: _____ **C-Card #** _____

Level of Certification: _____ **Date Certified:** _____
(Date Month/Year)



SCDCIE Members Only
Southern California
Dive Club of the Inland Empire
STANDARD SAFE DIVING PRACTICES
STATEMENT OF UNDERSTANDING

The purpose of this statement is to confirm your understanding of the established safe diving practices for skin and SCUBA diving. These practices have been compiled for your review and acknowledgement and are designed to increase your comfort and safety in diving. Your signature on this statement is required as proof that you have read, understood and are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, your parent or guardian must also sign this form.

I, _____, understand that as a diver I should:
Print Full Name

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation, and emergency procedures – with my buddy.
6. Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws. I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature Date

Signature of Parent or Guardian (where applicable) Date
SCDCIE BOD Approved Document w w . s c d c i e . c o m Version 05.04.04