

# BARNACLE BUSTERS Gay and Lesbian Scuba Club

## Membership Application

Please complete this form, sign the waiver on the back, and mail with your dues to:

BARNACLE BUSTERS, PO BOX 2231, Los Angeles, CA 91393

Membership Status (check one):

New Membership

Renewing Membership

Annual Membership Dues:

- Individual: \$35
- Individual Completing Club Certification Class (1st Year Only): \$25
- Domestic Partners/Spouses at Same Address: \$50
- Newsletter-Only Subscription (Addresses Outside of CA Only): \$15

Name: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Currently Certified to Dive:  YES  NO

Certification Level (OW, Advanced, etc.): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

May we list your name in the club directory/buddy list?  YES  NO

How did you hear about the club? \_\_\_\_\_

BARNACLE BUSTERS, Inc.  
PO BOX 2231  
Los Angeles, CA 91393  
Phone: 310.493.9296

Voluntary Release, Waiver and Assumption of Risk for All Club Activities

Please Read Carefully and Fill in All Blanks Before Signing  
(NOTE: Each Member Must Complete and Sign This Waiver)

I, \_\_\_\_\_ (print your name), by this instrument, do hereby exempt and release BARNACLE BUSTERS, Inc. (the "Club"), its officers, employees, members, agents or assigns (collectively the "Released Parties") from all liability and responsibility for personal injury, property damage, or wrongful death however caused, including but not limited to product liability or the negligence of any of the Released Parties, whether passive or active, arising from or relating to any Club activity or event.

Prior to participating in any Club-related or -sponsored SCUBA dive, I hereby affirm that I am or will be either a certified diver or student diver under the control and supervision of a certified SCUBA instructor, and that I thoroughly understand the hazards of SCUBA diving, including those hazards occurring during boat travel to and from the dive site. I understand that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, slipping or falling while on board the boat, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational dive or as part of a diving class.

I understand and agree that none of the Released Parties may be held liable or responsible in any way for any occurrence on or at any Club-related or -sponsored dive trip, Club meeting or function, or any Club-related activity or event, which may result in personal injury, property damage, wrongful death or other damage to me or my family, heirs, or assigns that may occur as a result of my participation in such Club activity or as the result of the negligence of any party, including the Released Parties, whether passive or active. I further state that I am of lawful age and legally competent to sign this liability release, or that I have obtained the written consent of my parent or guardian.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING PARAGRAPHS, FULLY UNDERSTAND THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN SCUBA DIVING AND AM FULLY AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS INSTRUMENT, AND THAT I UNDERSTAND AND AGREE THAT THIS DOCUMENT IS LEGALLY BINDING AND WILL PRECLUDE ME, MY HEIRS OR ASSIGNS FROM RECOVERING MONETARY DAMAGES FROM THE ABOVE-LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR PRODUCT LIABILITY.

\_\_\_\_\_ (print your name)

\_\_\_\_\_ (sign your name)

\_\_\_\_\_ (signature of parent or guardian)

\_\_\_\_\_ (DATE)