

PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.
Membership Application and Release

New Member () Renewal () Key# _____ Year 20 _____

KEYS ARE THE PROPERTY OF THE PDRA AND SHALL NOT BE DUPLICATED

Club Name: _____ Sponsor: _____
 Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ email: _____

FAMILY MEMBERSHIP: Non diving members of a family are included in this membership at no additional cost. **ALL DIVING** members of the family are required to join as family members and **EACH** individual diving family member must sign this membership application and the statement of understanding in the presence of a notary public. If said diver is under the age of (18) years said separate application and statement of understanding must be signed by both the diver and the parent and/or guardian; whichever is applicable. Further, any family member becoming a certified diver subsequent to Family Membership application and/or renewal must submit a separate application and statement of understanding within 30 days of certification. The following are the names, birthdates, relationships, and diving affiliation of each family member covered under the above mentioned Family Membership.

Name _____	Age _____	Relationship _____
Diver ____ yes ____ no		
Name _____	Age _____	Relationship _____
Diver ____ yes ____ no		
Name _____	Age _____	Relationship _____
Diver ____ yes ____ no		

In consideration of the acceptance of this application for membership in the **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.** I hereby for myself, heirs, executors or administrators and personal representatives and assigns, waive any and all claims and rights for damages which I now have or may hereafter in the future have against **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.** including all of its officers, agents, members, instructors, and affiliated clubs, for any and all injuries on any property owned by the **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.** and I hereby release and discharge the **PIEDMONT AND RESCUE ASSOCIATION, INC.**, along with its officers, directors, agents, members, instructors, and affiliated clubs of and from any and all liabilities whatsoever to me, my heirs, executors or administrators, my personal representative or assigns on account of any and all liability arising out of such claims or injury.

I understand membership is subject to my being a qualified **SCUBA DIVER** as certified by a national recognized **SCUBA** certification agency or that I am currently engaged in taking instructions from a qualified instructor of any nationally certification agency or that I am currently engaged in taking instructions from a qualified instructor of any nationally recognized certification agency and I will dive only in his presence under his supervision. (Non diving members are exempt from the certification requirement but agree to all other conditions of this release and are required to abide by the constitution and bylaws of the **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.**, and all the rules as set forth in the Statement of Understanding and Waiver as are the certified members.)

The undersigned has read the foregoing application and rules for membership and understands same. Further, the undersigned agrees to abide by and follow said rules and regulations as stated above.

In witness whereof I hereto set my hand and seal this the _____ day of _____, 20_____.

 (Seal) (Date) (Seal) (Date)
 (Applicant) (Family Member)

 (Seal) (Date) (Seal) (Date)
 (Signature of Parent/Guardian if under 18) (Family Member)

 (Seal) (Date)
 (Family Member)

STATE OF _____ COUNTY OF _____

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that _____, Member, in the foregoing Statement of Understanding and Waiver personally appeared before me this day and acknowledged the due execution of the forgoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20_____.

Notary Public _____ My Commission Expires: _____

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Name _____	Age _____	Relationship _____
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Name _____	Age _____	Relationship _____
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In consideration of the acceptance of this application for membership in the **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.** I hereby for myself, heirs, executors or administrators and personal representatives and assigns, waive any and all claims and rights for damages which I now have or may hereafter in the future have against **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.** including all of its officers, agents, members, instructors, and affiliated clubs, for any and all injuries on any property owned by the **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.** and I hereby release and discharge the **PIEDMONT AND RESCUE ASSOCIATION, INC.**, along with its officers, directors, agents, members, instructors, and affiliated clubs of and from any and all liabilities whatsoever to me, my heirs, executors or administrators, my personal representative or assigns on account of any and all liability arising out of such claims or injury.

I understand membership is subject to my being a qualified **SCUBA DIVER** as certified by a national recognized **SCUBA** certification agency or that I am currently engaged in taking instructions from a qualified instructor of any nationally certification agency or that I am currently engaged in taking instructions from a qualified instructor of any nationally recognized certification agency and I will dive only in his presence under his supervision. (Non diving members are exempt from the certification requirement but agree to all other conditions of this release and are required to abide by the constitution and bylaws of the **PIEDMONT DIVING AND RESCUE ASSOCIATION, INC.**, and all the rules as set forth in the Statement of Understanding and Waiver as are the certified members.)

The undersigned has read the foregoing application and rules for membership and understands same. Further, the undersigned agrees to abide by and follow said rules and regulations as stated above.

In witness whereof I hereto set my hand and seal this the _____ day of _____, 20____.

_____ (Applicant)	(Seal) _____ (Date)	_____ (Family Member)	(Seal) _____ (Date)
_____ (Signature of Parent/Guardian if under 18)	(Seal) _____ (Date)	_____ (Family Member)	(Seal) _____ (Date)
		_____ (Family Member)	(Seal) _____ (Date)

STATE OF _____ COUNTY OF _____

I, the undersigned, a Notary Public in and for the County and State aforesaid, do hereby certify that _____, Member, in the foregoing Statement of Understanding and Waiver personally appeared before me this day and acknowledged the due execution of the forgoing instrument.

Witness my hand and notarial seal, this the _____ day of _____, 20____.

Notary Public _____ My Commission Expires: _____