

Piedmont Diving and Rescue Association, Inc.
Application for Membership

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

Instructor Yes _____ No _____ All Instructors must apply for PDRA Instructor Permit as a condition of membership.

Club Name: _____ Sponsor: _____

Name (Print): _____ 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. 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 DIVING 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 nationally recognized **SCUBA** certification agency or that I am currently engaged in taking instructions from a qualified instructor of any nationally certification agency and I will dive only in his presence under his supervision. (Non diving family members are exempt from the certification requirement but agree to all other conditions of this release and are required to abide by the By-Laws, Rules & Regulations and Code of Ethics 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, and understands that a violation of these rules and/or the code of ethics may result in the revocation of my membership and other privileges.

To Be Completed By Applicant:

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

(Signature Applicant) (Signature Family Member) _____ (Date) _____

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

(Signature Family Member) _____ (Date) _____

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

All members are required to be familiar with the By-Laws, Rules and Regulations and Code of Ethics posted at www.ncpdra.org

Copy 1 Executive Secretary

Piedmont Diving and Rescue Association, Inc.
Application for Membership

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

Instructor Yes _____ No _____ All Instructors must apply for PDRA Instructor Permit as a condition of membership.

Club Name: _____ Sponsor: _____

Name (Print): _____ 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. 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 DIVING 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 nationally recognized **SCUBA** certification agency or that I am currently engaged in taking instructions from a qualified instructor of any nationally certification agency and I will dive only in his presence under his supervision. (Non diving family members are exempt from the certification requirement but agree to all other conditions of this release and are required to abide by the By-Laws, Rules & Regulations and Code of Ethics 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, and understands that a violation of these rules and/or the code of ethics may result in the revocation of my membership and other privileges.

To Be Completed By Applicant:

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

(Date)

(Signature Applicant) (Signature Family Member)

(Date)

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

(Date)

(Signature Family Member)

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

All members are required to be familiar with the By-Laws, Rules and Regulations and Code of Ethics posted at www.ncpdra.org

Copy 2 Applicant