

NASHVILLE SCUBA CLUB

APPLICATION FOR MEMBERSHIP

NAME: _____ SPOUSE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE

HOME: _____ WORK: _____ EMERGENCY: _____

E-MAIL ADDRESS: _____

CERTIFYING ORGANIZATION: _____ CARD NO: _____

CERTIFICATION RATING: _____

MEDICAL RESTRICTIONS: _____

SPECIAL INTERESTS: _____

INITIATION FEES AND DUES:

All dues are payable on January 1st. Send completed application and your check payable to NASHVILLE SCUBA CLUB and mail to: NASHVILLE SCUBA CLUB, 139 DONELSON PIKE, NASHVILLE, TN 37214
Annual dues are as follows:

Full Member	\$20.00	Check Number _____
Spouse Member	\$ 5.00	
Junior Member	\$10.00	Amount Enclosed \$ _____
Family Membership	\$25.00	

ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

I, _____ do hereby certify that I have received instruction and certification in the sport of Scuba Diving from a recognized certification agency as listed above or will participate in activities sponsored by the NASHVILLE SCUBA CLUB only under the direct supervision of a qualified instructor.

I am fully aware of the dangers involved in the sport of scuba diving and the use of underwater breathing equipment. I, acting on behalf of myself and my executors and administrators, voluntarily and intending to be legally bound, do hereby release and hold harmless, the NASHVILLE SCUBA CLUB, its directors, officers, members, associates and other parties associated with the NASHVILLE SCUBA CLUB from any and all liability for accidents, personal injuries or death, and damage and/or loss of personal property which may result while participating in any activities and/or events associated with the NASHVILLE SCUBA CLUB.

Signature: _____ Witness
Signature: _____

Date: _____ Date: _____

Please check to receive Newsletter via **E-Mail only**.

Please check if you **DO NOT** wish phone number, address, or e-mail published on the club Buddy List.