



**THE BOTTOM BUNCH DIVE CLUB
AGREEMENT AND RELEASE FROM LIABILITY**

Form can be mailed to : 1050 E. Ohio Avenue, Escondido, CA 92025-4615

1. VOLUNTARY PARTICIPATION I, _____,
acknowledge that I have voluntarily applied to participate in the SCUBA diving activities of THE BOTTOM BUNCH.

2. ASSUMPTION OF RISK I AM AWARE THAT SCUBA DIVING IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.
(Initial)

3. RELEASE

As consideration for being permitted by THE BOTTOM BUNCH DIVE CLUB to participate in these activities and use its facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of THE BOTTOM BUNCH DIVE CLUB for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of THE BOTTOM BUNCH DIVE CLUB as a result of my participation in SCUBA diving. I hereby release THE BOTTOM BUNCH DIVE CLUB from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damages resulting from my participation in SCUBA diving.

4. KNOWING AND VOLUNTARY EXECUTION

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BOTTOM BUNCH DIVE CLUB AND SIGN IT OF MY OWN FREE WILL.

Executed at _____, California, on _____
(City) (Date)

RELEASOR: _____
(Signature)



THE BOTTOM BUNCH DIVE CLUB

1050 E. Ohio Avenue, Escondido, CA 92025-4615

Membership Application

PLEASE PRINT

NAME:					
ADDRESS:				APT#	
CITY		STATE		ZIP	

TELEPHONE / E-MAIL:

Daytime:	()
Evenings:	()
Cell:	()
Email:	

DIVE PREFERENCES: Please use the space below to indicate both the type of diving and the times that you prefer.

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CERTIFICATION INFORMATION: (MUST be completed for membership)

Agency:	
Level:	
C-Card Number:	

I hereby apply for membership in the **BOTTOM BUNCH DIVE CLUB**. I agree to abide by the rules set forth in the bylaws of the club, of which I have been given a copy.

Signature:		Date:	/ /
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Dues are payable at the time of application. Make checks payable to **THE BOTTOM BUNCH DIVE CLUB**. Checks can be mailed to: 1050 E. Ohio Avenue, Escondido, CA 92025-4615.