

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Please print clearly)

**M.D.C. APPLICATION & RELEASE**  
**Required yearly from each member**

Address, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Dive # \_\_\_\_\_ Years Diving \_\_\_\_\_ MM/YY of Last Dive \_\_\_\_\_

Certification Level \_\_\_\_\_ Certification Agency: PADI NAUI NASDS YMCA Other \_\_\_\_\_

I allow my membership information to be posted in the member database at [www.monadnockdivers.org](http://www.monadnockdivers.org)  Yes  No

**LIABILITY FORM (Please initial each item.)**

\_\_\_\_\_ I hereby affirm that I have been advised and informed of the hazards of scuba diving from my certification training. By signing this release, I certify that I understand that risk in all types of diving.

\_\_\_\_\_ I hereby release the Monadnock Divers Club and its members and officer, as well as Underwater Sports of NH, of Keene, NH, from any liability for any accident or other occurrence in connection with my diving activities which may result in injury, death or damages to me, my family or my personal property.

\_\_\_\_\_ I hereby personally assume all risks in connection with my diving activities for any harm, injury or damage that may befall me.

\_\_\_\_\_ I also affirm that I'm of lawful age (18) and legally competent to sign this release, or that I have acquired the written consent of my parents or guardians, that I understand that the terms presented above are binding and that I have signed this release of my own free will.

I have informed myself of the contents of this release by reading it before I sign it.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Membership year is May 1 to April 30**

\_\_\_\_\_ New Diver \$15  
( w/in 30 days of Open Water)

\_\_\_\_\_ Early Bird \$25 (Mar 1 – May 1)

\_\_\_\_\_ Individual \$30

\_\_\_\_\_ 1<sup>st</sup> Family member \$30

\_\_\_\_\_ \$15 Additional family member

**Make check payable to: M.D.C.**

Drop application with dues @ UWS OR mail to: Zach Thompson, 38 Bellevue St., Keene 03431

04/09 Rev.