

**Black Dolphin Divers
Membership Application
c/o Mr. C. Hicks
P. O. Box 23122
Richmond, Va. 23223**

Date: _____

Name: _____

Date of Birth: _____

Address: _____

Phone: _____ (Hm)

City: _____ **State:** _____ **Zip:** _____

Phone: _____ (_ Wk)

Scuba Certification Agency: _____

Certification Level: _____

Total Number of Dives: _____

Email Address: _____

Please list your diving experience and interest, if any. You may use back of form.

Legal Release Agreement

In consideration of acceptance of this application and intending to hereby find legally **my heirs, my executors, my administrators, and myself** I hereby release the “Black Dolphin Divers”, and their officers, agents, **representatives** from any responsibility or liability for injury to the above applicant resulting directly or indirectly from his or her participation in the “Black Dolphin Divers”. I have a thorough knowledge of the risks inherent in the sport of scuba diving, and I expressly assume all of those **risks**.

Signature of Applicant

(Signature(s) of parents or legal guardian if applicant is under 21 years of age.)

BOARD OF DIRECTORS REVIEW: (Applicant Please Leave Blank)

Application approved ﺕ Application denied ﺕ **Date:** ___ / ___ / ___

Application Fee Paid: (Amount) \$ _____

Chairman: _____