

## **AEA SCUBA Club Waiver**

Please initial next to each statement:

I, the undersigned, hereby apply for membership in the Scuba Club ("Club") of the Aerospace Employees' Association ("AEA") and agree to abide by all Club rules.

\_\_\_\_\_ I acknowledge that I will be voluntarily participating in Club activities with full knowledge of the dangers involved.

\_\_\_\_\_ In consideration of your acceptance of this application and my membership in the Club, I agree to assume all risks of bodily injury, death or property damage, arising out of or in connection with my participation in Club activities.

\_\_\_\_\_ Further, I understand that scuba diving involves certain risks including decompression sickness, embolism, or other hyperbaric injuries, and that diving activities may take place at sites that are remote in time, distance or both from medical facilities and first aid providers. Despite the lack of medical facilities and /or a recompression chamber near the dive site, I still choose to proceed with scuba diving activities.

\_\_\_\_\_ I also agree to release, indemnify, defend and hold harmless the Club and the AEA, and their members and officers, and the Aerospace Corporation from any liability arising out of or in connection with my participation in Club activities.

\_\_\_\_\_ I understand and agree that neither the Officers of the AEA Scuba Club, the Officers of the AEA, Nor the Aerospace Corporation, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

\_\_\_\_\_ I further agree that this release and indemnification is intended to be as broad and inclusive as is permitted by the laws of the State of California.

I have carefully read this release and fully understand its contents. I sign this release of my own free will with full knowledge of its significance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Certification Agency: \_\_\_\_\_ Certification Date: \_\_\_\_\_

C-Card Number: \_\_\_\_\_

If Above Person is a Minor, The section below needs to be completed by Parent or Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_