

2025-2026 EAST COAST MASTERS DIVING REGISTRATION FORM

Diver's Name _____ Age _____ DOB ____/____/____

Primary Cell # _____ Other # _____

E-MAIL ADDRESS _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Info (Name and Cell) _____

East Coast Masters Diving will use e-mail and text messaging as the main means of communication.

AAU Membership Number _____

AAU Membership Expiration _____

Cost of AAU Membership _____

Criminal Background Check Completed Date _____

East Coast Masters Diving PREPARTICIPATION SCREENING – Circle response

Can you swim? **YES NO**

Do you have any medical condition that we should know about, including head, neck, back, shoulder, hip, leg, knee, ankle, foot, wrist, arm or hand injury? **YES NO**

(If yes, explain on back)

Have you ever been “knocked out” or experienced a concussion? **YES NO**

Have you been cleared by a physician to participate in diving? **YES NO**

Date of physician clearance: _____

If an ECMD member believes you have suffered an injury at practice, you will need to obtain written medical clearance before you will be permitted to return to practice. Do you agree ?

YES NO

All of the questions above have been answered completely and truthfully to the best of our knowledge.

DATE

Participant Signature

Waiver, Release, Indemnity and Promise Not to Sue

I, the undersigned Participant, wish to participate in East Coast Masters Diving practices during the period of September 1, 2025 through August 31, 2026 (the “Activity”). I understand that practices are operated by the East Coast Masters Diving Club (ECMD). I agree as follows:

I fully recognize that certain risks are involved in participating in the Activity and I voluntarily assume those risks.

I will engage in the Activity in a prudent and cautious manner. I will not consume any alcoholic beverages or non-therapeutic drugs prior to or while participating in the Activity. I will not (i) act in any way which shall interfere with the lawful running or operation of the Activity or equipment used in connection with the Activity or (ii) engage in any type of conduct, which contributes to or causes injury to any person.

I am responsible for all of my own loss, liability and expenses, including medical expenses in connection with the Activity. I have no physical, mental, psychological or medical condition that would prohibit me from participating or materially increase the risk to me or others of my participating in the Activity. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity. I hereby authorize the members of ECMD, at their discretion, to administer to or seek for me first aid and other emergency medical services and transportation for further medical care.

I will not hold the members of ECMD and/or the Board of Directors of ECMD responsible for any personal injury (including death) or property damage that I might incur in connection with the Activity, even if their negligence caused or contributed to such injury or damages. I will not sue or seek damages from the members of ECMD and/or the Board of Directors of ECMD in any form, and I hereby waive and release any and all claims against the members of ECMD and/or the Board of Directors of ECMD for personal injury (including death) or property damage, arising in any way out of my participation in the Activity, even if the negligence of the members of ECMD and/or the Board of Directors of ECMD caused or contributed to such injury or damages and I agree to indemnify, defend and hold the members of ECMD and/or the Board of Directors of ECMD harmless from any such claims. I recognize that this release means I am giving up, among other things, rights to sue the members of ECMD and/or the Board of Directors of ECMD for injuries, damages or losses I may incur.

I HAVE READ THE ABOVE WAIVER, RELEASE, INDEMNITY AND PROMISE NOT TO SUE, UNDERSTAND THE ABOVE STATEMENTS AND ACKNOWLEDGE THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING AND SIGN IT VOLUNTARILY.

READ ABOVE CAREFULLY BEFORE SIGNING BELOW.

Participant’s Printed Name

Participant’s Signature

Date