

# Underwater Explorers Club of W.A. (Inc)

## Affiliate / Nomination / Membership Application Form



Send to: membership@uecwa.com.au  
 Underwater Explorers Club of WA (Inc)  
 PO Box 382 Melville WA 6956

EFT: Commonwealth Bank, BSB 066136, Account 00901972

Surname		Given Name	
Address			
Suburb		Postcode	
Telephone / Mobile		Date of Birth	
Email			Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Emergency Contact		Relationship:	Mob No
<b>Diving Qualifications (Min Adv. OW Reqd)</b>		Approx No of Dives	Date of Last Dive
Certifying Agent	Level	Cert ID	Date
<b>Membership Status Applicable 01/06/2021 to 30/6/2022</b>			
<input type="checkbox"/> UEC Ordinary \$240*	<input type="checkbox"/> UEC Family \$400	<input type="checkbox"/> UEC CIO - Country, Interstate & Overseas \$30	<input type="checkbox"/> UEC Student / Junior \$50
		<input type="checkbox"/> UEC Social \$45	<input type="checkbox"/> MUD
<input type="checkbox"/> RLS			
<p><small>*Pro-rata UEC membership fees apply only for new Ordinary and Family members – please enquire before forwarding fees. Family membership is applicable for people living at the same address. Student membership is applicable for people in bona-fide full time education. Junior membership is applicable for people who are over 14 years old but under 18. CIO Membership is applicable to people living 150km or more from Port Coogee Marina.</small></p>			
<p><b>Nomination Fee (UEC Only):</b> The nomination fee is a one off fee that is payable on a per person basis. The Diver nomination fee includes one boat dive trip (irrespective of single or double dive). Divers must have the appropriate training and certification to participate in recreational dives.</p>			
<input type="checkbox"/> Diver \$80		<input type="checkbox"/> Non-Diver \$20	
<p>UEC Nominations - I hereby apply to become a member of the Underwater Explorers Club of WA (Inc) and in consideration of being accepted, I agree to observe and fulfil all the rules, regulations, By-laws and the Constitution of the said Club. I understand that insurance cover for equipment carried on the boat is limited and that it is my responsibility to carry adequate insurance for my equipment.</p>			
<p><b>PRIVACY NOTE:</b> The information received by the Underwater Explorers Club in this document is used solely for the purposes of club activities. It will not be disclosed to any third party. Contact details may be distributed among members from time to time.</p>			
<p><input type="checkbox"/> I am happy to share my telephone number and email address with other club members for the purposes of club activities.</p>			
Signature		Date	
Nominated by		Signature	
Seconded by		Signature	
Certification sighted	Yes / No	Signed	

# LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT



I,

hereby declare that I am a certified diver, trained in safe diving practices, and affirm that I am aware that scuba diving has inherent risks which may result in death and serious injury; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber.

I understand and agree that neither the Underwater Explorers Club of WA (Inc) through which I am undertaking this diving experience, nor any of their respective boat crew, committee, club members and nomination divers may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in the dive(s), I hereby personally assume all risks of this experience, whether foreseen or unforeseen, that may befall me while I am a participant in this experience. I declare that I will dive safely and within my own experience and/or certification limits and I will personally assess the conditions at the time of the diving experience and make my own personal decision as to whether the conditions are safe to proceed. I further release, exempt and hold harmless said experience and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrolment and participation in this experience, including both claims arising during the diving experience or after I complete the diving experience.

I also understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this experience, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in this diving experience. I declare that I am in good mental and physical fitness for diving, and that I will not participate in scuba diving activities while under the influence of alcohol, or of any drugs that are contraindicatory to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

I declare that I have had all my equipment serviced and maintained as per the manufacturers guidelines and that I will inspect all of my equipment prior to diving and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or for any equipment failure during the dive experience.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free will and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

**BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE THE UNDERWATER EXPLORERS CLUB OF W.A. (INC), AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.**

Signed: \_\_\_\_\_

Date:

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

# MEDICAL DECLARATION



The medical conditions below have been identified as significantly increasing the risks associated with SCUBA diving. Please review the following list of conditions and if you have or had or suspect that you may have or have had any one or more of these conditions then you should seek advice from a suitably qualified medical doctor to confirm your fitness to dive.

1. Diseases of the heart and circulation including high blood pressure, angina, chest pains or palpitations
2. Patent Foramen Ovale (PFO) or “hole in the heart”
3. Chest or heart surgery
4. Asthma
5. Collapsed lung or pneumothorax
6. Chest or lung disease
7. Blackouts, fainting or recurrent dizziness
8. Ear problems in the past ten years, or a perforated ear drum
9. Chronic sinus conditions
10. Ileostomy, colostomy or ever had repair of a hiatus hernia
11. Epilepsy or fits
12. Recurrent migraines
13. Disease of the brain or nervous system (including strokes or multiple sclerosis)
14. Back or spinal surgery
15. History of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks
16. History of alcohol or drug abuse in the past five years
17. Diabetes
18. Taking prescribed medication (except the contraceptive pill)
19. Currently receiving medical care or have consulted a doctor in the last year other than for trivial infection or minor injury
20. Have been refused a diving medical certificate or life insurance or been offered special terms
21. Have been treated for, decompression illness

I confirm that I have reviewed the above list of medical conditions and where relevant I have consulted with a suitably qualified medical doctor and confirm that I am medically fit to participate in SCUBA diving activities. I confirm that I will seek medical advice should there be any changes to my medical condition/situation in the future.

**Name:**

**Signed:** \_\_\_\_\_

**Date:**