

## BOEING EMPLOYEES SCUBA CLUB (SEA HORSES) MEMBERSHIP FORM

**Circle all that apply:**      New member      Renewal      Individual      Family      Change information

### Member Information ( fill in the appropriate boxes)

(last name)	(first name)	M.I.	BEMSID	Mail-Stop

(street address)

(city)	(state)	(zip code)

(area code) (work phone)	(e-mail) (work)

(area code) (home phone)	(e-mail) (home)

### Dues (New members joining after June 30<sup>th</sup> pay ½ dues)

Initiation (one time fee for new members)	<input type="checkbox"/>	x	\$10	
Regular Membership (individual employee, contractor, or supplier)	<input type="checkbox"/>	x	\$25	
Family Membership (includes spouse and dependent children of member)	<input type="checkbox"/>	x	\$35	
Associate Membership (former employee, qualifying family member)	<input type="checkbox"/>	x	\$35	
Intern or Co-op student (initiation fee waved)	<input type="checkbox"/>	x	\$10	
Retiree membership (retired per Boeing rules)	<input type="checkbox"/>	x	\$5	
Late fee (renewing after May 1 <sup>st</sup> )	<input type="checkbox"/>	x	\$5	
<b>Total</b> (make check payable to: <b>Boeing Employees Scuba Diving Club</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		PSI # _____ Compressor members ( VCI/PSI )	WSBE # _____ (Washington State Boating Education card number)
(number of dives)	(Certification level)		

(member signature)	(date)

### Sponsored Family Member Information:

Last Name	First Name	E-Mail

**Please complete this form, sign, and send it along with your check to:**

<p><b>Todd Osborne,</b>  <b>M/S 0R-440</b>  <b>The Boeing Co.</b>  <b>P.O. Box 3707</b>  <b>Seattle WA, 98124-2207</b></p>	<p><b>NOTES:</b>                  Each participant in club activities MUST fill-out and sign the Release of Liability and Indemnification Agreement. A parent or legal guardian must sign for each minor under age 18.                  Each Associate member must also fill-out the separate Associate Membership form. See the Associate Membership form for qualification rules.</p>
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**BOEING EMPLOYEES SCUBA DIVING CLUB  
RELEASE AND INDEMNITY AGREEMENT**

**I state that I wish to participate in activities offered by the BOEING EMPLOYEES SCUBA DIVING CLUB (hereinafter referred to as “the Club”), a Boeing Recreation Club. I RECOGNIZE THAT ANY CLUB ACTIVITIES MAY INVOLVE CERTAIN RISKS AND DANGERS. I certify that I am aware of all the obvious and inherent risks of the Club’s activities, including but not limited to: inadequate safety equipment, miscalculations, inexperience, improper training, equipment malfunctions, human error, accidents or illness in areas without medical facilities, the forces of nature, and the actions of any other members, any participants or any other persons all of which may result in personal injury, death, property damage and other losses.**

In consideration for the right to participate in the Club’s activities, I HEREBY RELEASE THE CLUB AND THEIR DIRECTORS, OFFICERS, INSTRUCTORS AND MEMBERS AND THE BOEING COMPANY, ITS DIRECTORS, OFFICERS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN ANY OF THE CLUB’S ACTIVITIES. I PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH THESE ACTIVITIES, AND FURTHER AGREE TO INDEMNIFY THE CLUB AND ITS DIRECTORS, OFFICERS, MEMBERS AND INSTRUCTORS, AND THE BOEING COMPANY, ITS DIRECTORS, OFFICERS, AND EMPLOYEES FROM ALL LIABILITY, CLAIMS AND CAUSES OF ACTION WHICH I MAY HAVE ARISING FROM MY PARTICIPATION IN CLUB ACTIVITIES. The terms of this agreement will serve as a release and indemnity agreement for my heirs, personal representative, and for all members of my family, including any minors.

I further state that I am eighteen (18) years of age or older and legally competent to sign this release that I understand these terms are contractual and not a mere recital, and that I have signed this document as my own free act. (Parents or legal guardians must sign for all persons under eighteen (18) years of age).

I have fully informed myself of the contents of this release and indemnity by reading it before I signed it.

For the calendar year \_\_\_\_\_ Participant’s Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Participant’s Signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Parent / Legal Guardian’s Signature)

\_\_\_\_\_  
(Date signed)

**A copy of this release and indemnity agreement must be filled out for each individual member of the club**