

Please fill in all of the following information. Fax your completed application to: (954) 462-6115.

Affiliate (Business) N	lame:	
Street Address:		
City:	State:	Zip Code:
Phone:	Toll-Free:	
Fax:		
Mala IIDI ('Caralian		
Web URL (if applical	ole): Owner	Instructor
Name	Owner	ITISTIUCIOI
E-mail		
(your user ID)		
Requested		
Password		
medical qualifications in open water training.  As a SCUBA-Training.ne obtained from each study Training.net and Trebor I principals, agents and er I further agree that all co conducted at the risk of Anamed Released Parties arising from injuries or de obligations herein undert	accordance with my national training stated Affiliate, I agree to ensure that a Releasent in accordance with my certification a Industries, dba Brownie's Third Lung, the Inployees as Released Parties.  Infined and open water skills training of Affiliate alone. Affiliate agrees to save, if from any and all liability, claims, judgment of persons and damage to property	agency's standards, naming SCUBA- neir officers, directors, instructors,  SCUBA-Training.net graduates will be indemnify and keep harmless the above nents, or demands, including demands y, arising directly or indirectly out of the d by Affiliate, save and except claims or
additional insured under	add SCUBA-Training.net and Trebor Ir the Affiliate's professional negligence ir SCUBA-Training.net within thirty (30) o	
Name:		
Signature:		Date: