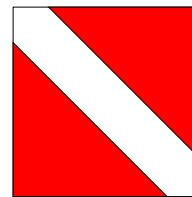




Dive Safety Office  
 Louisiana Universities Marine Consortium  
 8124 Hwy. 56, Chauvin Louisiana 70344;  
 Voice: (985) 851-2834, Fax: (985) 851-2874  
 email: [divesafety@lumcon.edu](mailto:divesafety@lumcon.edu),  
[www.lumcon.edu/diveprogram](http://www.lumcon.edu/diveprogram)



## LUMCON ACKNOWLEDGEMENT OF RESPONSIBILITIES AND CERTIFICATION OF DIVING ACCIDENT INSURANCE

I, \_\_\_\_\_, have been provided with a copy of the LUMCON Scientific Diving Manual. I have read these standards and understand their provisions. Furthermore, I accept and agree to the following:

\_\_\_\_\_ I will maintain good standing with the Diving Safety Program as set forth in this manual.

\_\_\_\_\_ I will provide the Diving Safety Officer with a written dive plan at least 72 hours in advance of any proposed dive activity.

\_\_\_\_\_ I will maintain complete dive records and provide same to the DSO within 7 days of diving activity. I understand that web-based tools are available and their use is strongly recommended.

\_\_\_\_\_ I will maintain up-to-date diver profile and records of all training. I understand that web-based tools are available and their use is strongly recommended.

\_\_\_\_\_ I will maintain current medical insurance covering recompression therapy and provide proof of insurance upon renewal.

Name \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

I certify this insurance policy covers Hyperbaric Oxygen Therapy in a recompression chamber for SCUBA diving accidents.

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