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,
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.

_____

Signature Date