

University of Hawaii Diving Safety Program
Appendix 1
Application for Visiting Scientific Diver Authorization
For all visitors except government employees

Section 1. Applicant Information

Date: _____

Applicant Name: _____ Date of Birth: _____ Sex: _____

Position: Faculty / Staff / Post-Doc / Student Employee / Student / Volunteer / Other: _____

Work Address: _____

Home Phone: _____ Daytime Phone: _____

Email: _____ Cell Phone: _____

Are you a currently active scientific diver in a scientific diving program with which UH holds reciprocal agreements? **Yes / No** (circle one)

If YES, complete Application pages 1-4, and include a letter of reciprocity from your home institution's Diving Officer.

Name of Institution: _____ AAUS Member? Yes / No

Diving Safety Officer Name: _____ Phone: _____

DSO Address: _____ Email: _____

If NO, please complete all pages, including Application Section 2. Diving History, and return with (1) copies of all referenced certifications, (2) a copy of a diving medical clearance based on an AAUS-level diving medical exam, done within the last year, and (3) evidence of personal scuba equipment service done within the last year.

Planned Activity Information:

Describe Proposed Diving under UH auspices: _____

_____ Initial depth range: _____

Expected activities (check all that apply):

_____ biology/ecology _____ collecting _____ engineering _____ geology _____ oceanography
_____ aquaculture _____ archaeology _____ science edu. _____ Equip. placement/monitoring
_____ field school attendee (identify course, dates): _____

Sponsor Information:

Sponsoring UH Dept./Program: _____ Phone: _____

Dept. Address: _____

Dept. Sponsor Name: _____ Position: _____

UH Sponsor Certification: I certify that this individual has a need to participate in scientific diving activity under University auspices for research or educational purposes, and agree to serve as a contact person and/or coordinator between him/her and the Diving Safety Program, should the need arise.

UH Sponsor Signature: X _____

University of Hawaii Diving Safety Program
VISITING SCIENTIFIC DIVER ASSUMPTION OF RISK, WAIVER AND RELEASE

For all except government employees
(Read each paragraph, and sign below)

I, _____, the undersigned, in consideration of the University of Hawai'i (UH) providing me with the opportunity to engage in scientific diving activities under UH auspices, I agree that:

- ◆ **I fully recognize and appreciate the dangers and hazards inherent in diving to which I may be exposed** during diving, including but not limited to arterial gas embolism, ear and/or sinus barotrauma, decompression sickness, drowning, near-drowning, and/or dysbaric osteonecrosis and other long-term effects, as yet poorly defined, including potential permanent disability and/or death, and also such injury may occur during transportation to and from dive locations. **I do hereby agree to assume all the risks and responsibilities surrounding my participation in diving or any independent research or activities undertaken as an adjunct thereto:**

- ◆ **I understand that diving operations may be conducted at remote locations** at which a recompression chamber is not available, and from which evacuation to such a chamber may be delayed by many hours.

- ◆ **My participation in diving is voluntary**; that I have the right and responsibility to refrain from diving if I feel the activity or conditions are not safe, that my fitness is not adequate for the dive, or for any other reason of safety. I understand I will not be penalized in my employment or academic record for any such refusal.

- ◆ **My authorization to dive is a privilege granted upon compliance with UH requirements.** I will follow the rules and precautions for conducting diving operations that are part of the requirements for my authorization to dive under UH auspices, as set forth in the UH Diving Safety Manual, as well as those procedures explained to me by the UH Diving Officer or his/her agents, and I agree to strictly observe these rules. I understand that failure to comply may result in review, restriction, or revocation of my authorization to dive under University auspices by the UH Diving Control Board.

- ◆ **I do for myself, my heirs, executors, and administrators hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the University of Hawaii, its regents, officers, employees, agents, volunteers, and assigns from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property, or personal injury or death, which may result from my participation, and which result from causes beyond the control of, and with or without the fault or negligence of the University, its regents, officers, employees, agents, volunteers, and assigns during the period of my participation as aforesaid;

- ◆ **I also agree to INDEMNIFY, DEFEND AND HOLD HARMLESS** the University of Hawaii, its regents, officers, employees, agents, volunteers, and assigns from and against any and all claims, demands, and actions for property damage or personal injury or death which may result from my participation and which result from causes beyond the control of, and with or without the fault or negligence of the University of Hawaii, its regents, officers, employees, agents, volunteers, or assigns, during the period of my participation.

I affirm that I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies regarding any losses I may sustain. I agree that if any portion is held invalid, the remainder will continue in full force and effect. I agree that I have freely and voluntarily caused this release to be executed this date, _____,
(Date)

(Diver)

(Parent or Guardian, if Diver is under age 18)

(Print Diver Name)

(Print Name, Parent or Guardian)

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University of Hawaii Diving Safety Program
VISITING DIVER MEDICAL CONSENT AND INSURABILITY

For all visitors except government employees

I, _____, consent to and authorize any first aid provider, medical professional and others working under their supervision to treat me for any injury or illness occurring during my University of Hawai'i (UH) - affiliated diving activities.

(You must CHECK one of the following):

_____ **EMPLOYEE:** I am an employee or other compensated affiliate of my home institution and I am authorized to conduct scientific diving as part of my employment. **Through my employment, I have worker's compensation coverage** for job-related injury or illness incurred during authorized my diving activities under UH auspices. As evidence of this, **I attach the Employer's Indemnification and Responsibility Statement for Visiting Scientific Divers.**

_____ **NON EMPLOYEE:** I am a student, or other adjunct/affiliate of my home institution, who is **not eligible for worker's compensation coverage.** I agree to pay any and all such medical expenses, costs and other charges not covered by Workers Compensation or other insurance. In consideration of being allowed to engage in scientific diving under University auspices, I agree to RELEASE, DISCHARGE AND HOLD HARMLESS the University of Hawaii, its officers, agents, assigns, and employees from and against any liability or any claims or demands arising from or connected with such medical treatment or care. As evidence of insurability, **I attach a copy of my card for the following Divers' Alert Network (DAN) Diving Accident Insurance,** which covers the cost of emergency transport and medical care for diving related injuries or illness:

DAN Member Number: _____ Coverage Level: _____ Expires: _____
(Minimum: DAN Standard Plan)

EMERGENCY CONTACTS:

1st Emergency Contact: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

2nd Emergency Contact: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____

Please list any Allergies or Sensitivities that may affect you in the field, or during emergency treatment (antibiotics, bee stings, etc...), of which the Diving Supervisor should be aware:

I affirm that I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies regarding any losses I may sustain. I agree that if any portion is held invalid, the remainder will continue in full force and effect. I agree that I have freely and voluntarily caused this release to be executed this date, _____,

(Date)

(Diver)

(Parent or Guardian, if Diver is under age 18)

(Print Diver Name)

(Print Name, Parent or Guardian)

University of Hawaii Diving Safety Program
Employer's Indemnification Agreement and Statement of Responsibility
for Visiting Scientific Divers

For all visitors except government employees

In consideration of the University of Hawai'i (UH) providing the scientific diver named below with the opportunity to engage in scientific diving activities under UH auspices, in conjunction with UH Scientific divers, at UH-controlled diving sites, or using UH facilities, vessels and/or equipment in support of their diving,

the _____,
(parent organization)

Department of _____, ("The Organization") agrees to INDEMNIFY, DEFEND AND HOLD HARMLESS the University of Hawaii, its regents, officers, employees, agents, volunteers and assigns from all claims, demands and actions, for property damage, personal injury or death arising by reason of the acts or omissions of the Organization or the Organization's scientific diver and which result from causes beyond the control of, and with or without the fault or negligence of the University, its regents, officers, employees, agents, volunteers, or assigns during the participation of the Organization's scientific diver.

The Organization warrants and represents that it maintains workers' compensation insurance on behalf of the named diver, to the extent required by applicable state law and/or statutory limits.

The Organization assures the University of Hawai'i that

_____,
(Scientific Diver's Name) (Position Title)

is a currently authorized scientific diver of the Organization, as evidenced by the accompanying Visiting Diver Application and AAUS Letter of Reciprocity or itemized documentation of diver training and qualification and **is employed by the Organization** in a manner by which he/she is eligible under state law or other statutory authority for worker's compensation benefits in the event of accident or injury during the conduct of scientific diving activity, including emergency transportation costs if required for proper medical care of an injury or illness.

I certify that I am authorized to execute this Indemnification Agreement and Responsibility Statement on behalf of the Organization.

_____/_____,
Department Chairperson or Personnel Officer Signature/Print Name (Date)

Department Address: _____

() _____ () _____ Dept. e-mail _____
Dept. Phone Dept. Fax

INSTRUCTIONS: This completed form must be submitted with other pertinent applications, waivers, letter of reciprocity and/or other required documentation of the divers training and authorization, and dive plans at least 4 weeks prior to arrival at the University of Hawai'i to:

David F. Pence, Diving Safety Officer, University of Hawaii, EHSO, 2040 East-West Rd. Honolulu, HI 96822
Tel: (808) 956-9643 Fax (808) 956-6952 E-mail: dpence@hawaii.edu

PP. 5-7 TO BE COMPLETED BY VISITING DIVERS FROM AGENCIES WITH WHICH UH DOES NOT HOLD RECIPROCAL AGREEMENTS, OR BY DIVERS APPLYING FOR TEMPORARY DIVER AUTHORIZATION

Section 2: Diving History Name: _____

Part 1: Diving Training History

(Provide photocopies of all certificates and c-cards to document claimed training)

Date of First Certification: _____ Agency: _____ Location: _____

Certification Type	Agency	Date	Cert. Number	Course Duration	Location
Openwater Scuba Diver					
Advanced Diver					
Master Diver					
Scuba Rescue Leadership (AI, Dive Master)					
Instructor					
Military Diver					
Commercial Diver					

Other Applicable Dive or Water Safety Training (List Below):

Type of Training	Agency or School	Date(s)	Location

Part 2. Emergency Training History

Date of CPR Training: _____ Agency: _____

Name of Course: _____

Date of First Aid Training: _____ Agency: _____

Name of Course: _____

Date of Oxygen Training: _____ Agency: _____

Name of Course: _____

(Provide photocopies of all certificates and c-cards to document claimed training)

(Provide photocopies of all certificates and c-cards to document claimed training)

Part 3. Diving Experience

A. General

Years Diving _____ Age 1st Skin Dive: _____ Age first Compressed Air Dive _____

Military Diving Experience _____

Type of Diving	Total Years	Maximum Depth	Total # Dives	# Dives Last Year	Cumulative Bottom Time
Compressed Air SCUBA					
Compressed Air Surface-supplied					
Nitrox, Open-circuit SCUBA					
Stage Decompression, O/C Scuba					
Trimix/Heliox, O/C Scuba					
Oxygen Rebreather					
Semi-closed Circuit Rebreather					
Closed-circuit Rebreather					
One-Atm. Diving Suit					

B. Activity Profile

Dive Log Totals.

all prev. years

current year

Life

Year..... _____ Total

Number of Dives..... _____

Deepest Dive..... _____

Dives with Nitrox 22-40%..... _____

Dives with Staged Decompression..... _____

Dives with Mixed Gas..... _____

Dives/hrs. with SCR..... _____

Dives/hrs. with CCR..... _____

Number of Dives per day: Maximum: _____ Average: _____

List approximate number of dives (Past Year) in the following categories (enter 0 where appropriate)

Depth: < 30 ft: _____ 30-60 ft: _____ 60-100 ft: _____ 100-130 ft: _____ >130 ft: _____

Conditions: Night: _____ Low Visibility: _____ Physical Overhead: _____ Bluewater (No Bottom): _____

Platform: Shore _____ Small Boat Dives: _____ Shipboard Diving: _____ Saturation: _____

Other (Describe): _____

C. Past experience with (indicate all that apply with estimated number of dives):

_____ Sport Diving _____ Research _____ Education _____ Marine Life Collecting

_____ Net Tending _____ Aquaculture _____ Saturation _____ Shipboard Diving

_____ Rebreathers _____ Mixed Gas/Stage Deco _____ Hookah _____ Commercial Diving

_____ Other: _____

(Provide photocopies of all certificates and c-cards to document claimed training)

Part 4. Diving Injury History

A. Oronasal

Do you have difficulty clearing your ears on descent, or in aircraft? Yes / No

Does ear difficulty limit your diving? Yes / No

If yes, how often? _____

Have you ever experienced "ear squeeze" to the point of having temporary hearing loss? Yes / No

If yes, how often _____

Have you ever aborted a dive because of ear problems? Yes / No

If yes, how often? _____

Have you ever had difficulty with your sinuses during a dive? Yes / No

If yes, how often? _____

Have you ever had a sinus squeeze? Yes / No

If yes, how often? _____

Have you ever aborted a dive because of sinus problems? Yes / No

If yes, how often? _____

B. DCI

Have you ever had any form of decompression illness or other diving related injury? Yes / No

(If Yes, attach separate statement, describing time, circumstances, nature of the injury, treatment that you received, the ultimate outcome and any lasting effects.)

APPLICANT'S AFFIDAVIT: I certify that the above information is true to the best of my knowledge and ability. I understand that misstatements on this report can result in loss of my diving privileges under University of Hawaii Diving Safety Program auspices.

Signature of Applicant: X _____ Date: _____

(Provide photocopies of all certificates and c-cards to document claimed training)