Application for Diving Certification at OIMB

To: Diving Safety Officer

I hereby request permission to engage in SCUBA diving while associated with Oregon Institute of Marine Biology.

I have read and understand the Diving Guide (OIMB Scientific Diving Standards) governing rules and regulations and agree to comply to all of its provisions.

Signature of applicant: ________________________________ Date: _______

1) Attach any copies of certificates or training programs completed.

2) Attach a summary of dives completed. Descriptions should include date, location, bottom time, depth, purpose of dive. Include any accidents which may have occurred. Indicate no experience if necessary.

You must demonstrate ability to safely engage in ocean diving. Therefore, the applicant may be required to demonstrate proficiency in one or more of the skills listed in Section 3.24 Open Water Evaluation of the OIMB Scientific Diving Standards.

RELEASE AND WAIVER

I, the undersigned, hereby hold harmless and release the University, and all of its employees, from any and all claims whatsoever, by reason of any accident, illness or death arising directly or indirectly from participating in scuba diving under University auspices, excepting such injuries caused solely by gross negligence or willful misconduct.

Participant Signature: ________________________________

Name (print): ________________________________

Date: ________________________________