

**UC DAVIS – SCIENTIFIC DIVING PROGRAM
DIVER INFORMATION FORM**

NAME: _____ LAST 4 DIGITS S/S #: _____

ADDRESS: _____

DEPARTMENT: _____ PHONE: _____

E-MAIL ADDRESS _____

DATE OF BIRTH: (Ignore if you have a letter of reciprocity from home campus DSO.
Otherwise fill out and send photocopies of items marked with an *)

* PHYSICAL EXAM: _____

* CPR REFRESHER: _____ AGENCY: _____

* OXYGEN & AED TRAINING: _____ AGENCY: _____

* FIRST AID TRAINING: _____ AGENCY: _____

* ANNUAL REGULATOR & BC INFLATOR SERVICE: _____

* DATE of LAST DIVE: _____ * # OF DIVES PAST 12 MONTHS: _____

* SPECIALTY CERTIFICATIONS or TRAINING: (EANx, DRY SUIT, RESCUE, ETC.)

TYPE	AGENCY	CERT #	DATE
_____	_____	_____	_____
_____	_____	_____	_____

READ AND SIGN:

I agree that all diving done under the auspices of the University of California Davis will be carried out in accordance with the provisions of the UC Davis [Diving Safety Manual](#), December 2010 revision.

I acknowledge that it is my responsibility to read the diving manual and to comply with the regulations therein.

I understand that violation of any regulation may result in denial of, restriction of, or revocation of UC Davis scientific diver authorization.

Signature

Date

**SCIENTIFIC DIVING PROGRAM
BML - UC DAVIS
EMERGENCY CONTACT FORM**

Name : _____ ID # : _____

Any allergies? : _____

EMERGENCY CONTACTS (NAMES & PHONE NUMBERS)

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____

Address: _____

ALTERNATE:

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____

Address: _____

DO YOU HAVE HEALTH INSURANCE?

DAN? Y N Level: _____ Member # : _____

Other Provider: _____
Name of Company

Name of Primary Insured: _____

Policy # : _____ Member or ID # : _____

This form last updated on : _____

SIGNATURE

DATE

VOLUNTEER WITHOUT SALARY (WOS) APPOINTMENT

PLEASE COMPLETE THE FOLLOWING INFORMATION REGARDING YOUR VOLUNTEER (WOS) EMPLOYEE. IF YOU HAVE ANY QUESTIONS PLEASE CALL WORKER'S COMPENSATION (530) 752-7243, OR E-MAIL <Workerscomp@ucdavis.edu>

Department: _____	Phone: () _____
Name of volunteer: (Last/First) _____	
ID Number: _____	

Local Address: _____		
_____	Street	Apt #
_____	City	Zip
_____	Phone	E-mail

Brief description of duties

Assist with research projects using scuba and/or small boats under the direction of project PI, Project Operations Manager or Lead Diver. Must be a scientific diver or DIT qualified. Supervision and workplace safety of the volunteer is the Project Leader's responsibility.

Is Volunteer/WOS appointment receiving salary from any outside institution of foreign country? (Y/N) If 'Y' please provide name of source:

Beginning date of assignment: _____	Ending date: _____
Supervisor's name: _____	
Supervisor's signature: _____	

VOLUNTARY ACTIVITIES WAIVER

Participant's Name: _____
Please Print

UNIVERSITY OF CALIFORNIA, DAVIS
Volunteer Scientific Diver and Boat Operator

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in as a Volunteer Diver in skin or scuba diving, and/or vessel operations, hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of the Regents of the University of California, it's officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

Signature of Participant

Date

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant

Date