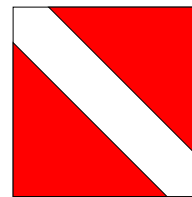




Dive Safety Office  
Louisiana Universities Marine Consortium  
8124 Hwy. 56, Chauvin Louisiana 70344;  
Voice: (985) 851-2834, Fax: (985) 851-2874  
email: [divesafety@lumcon.edu](mailto:divesafety@lumcon.edu),  
[www.lumcon.edu/diveprogram](http://www.lumcon.edu/diveprogram)



## Non-LUMCON Employee/Volunteer Diver Waiver Form

I, \_\_\_\_\_, am voluntarily and willingly participating in Science Diving activities under the authority of the Louisiana Universities Marine Consortium Dive Safety Office. I fully acknowledge that SCUBA diving is inherently dangerous and can result in injury or death. I am aware that as a volunteer/non-LUMCON employee I am not eligible for Workman's Compensation or other work related benefits from the Louisiana Universities Marine Consortium in the event of a diving accident. Furthermore, I assume all financial and other obligations in the event of any injuries resulting from participation in these diving activities.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date