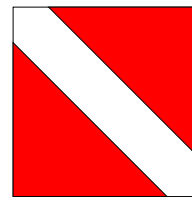




Dive Safety Office
Louisiana Universities Marine Consortium
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www.lumcon.edu/diveprogram



MEDICAL INFORMATION RELEASE

I, _____, hereby grant the Louisiana Universities Marine Consortium, the Diving Control Board, and Diving Safety Officer permission to release any and all medical information to an attending physician or emergency services personnel in the event of a dive related accident.

Participant Name

Participant Signature

Date