

28.1 Scientific Diver Medical Consent and Insurability

I, _____, the undersigned, 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 Connecticut Scuba Academy and Connecticut Scuba Diving Academy (CTSA) affiliated diving activities.

Initial the following:

____ **NON-EMPLOYEE:** I am a student, or other uncompensated adjunct/affiliate of _____, who is **not eligible for worker's compensation coverage**. In consideration of being allowed to engage in scientific diving under University auspices, I agree to RELEASE, DISCHARGE AND HOLD HARMLESS the Connecticut Scuba Academy, its officers, agents, assigns, and employees from and against any liability arising from my participation 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 insurance policy/card** which covers the cost of emergency transport and medical care for diving related injuries or illness. I agree to be responsible for payment of all medical expenses, costs and other charges not covered.

Member/Policy Number: _____ Coverage Level: _____ Expires: _____

EMERGENCY CONTACTS

1st Emergency Contact:	Relation:	Mailing Address:
Home Phone:	Work Phone:	
2nd Emergency Contact:	Relation:	Mailing Address
Home Phone:	Work Phone:	

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:

With reference to any activities that are not a part of any official duties, **I affirm that I have read this form and fully understand that by signing this form I may be 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 day of _____,.

Diver Signature: _____ Parent/Guardian Signature: _____

(if diver is under age 18)

Diver Name: _____ Parent/Guardian Name: _____