



**VERIFICATION OF LIABILITY COVERAGE
FOR SCIENCE DIVERS
DIVING WITH NOAA**

Name of science diver: _____

Affiliation: _____

Name of NOAA unit involved: _____

Dates of dive activities: _____

This is to verify that you are covered for costs associated with any dive accident or other medical emergency that may occur while participating in diving operations under NOAA auspices.

Note: Please indicate below the type and extent of coverage, including, but not limited to: emergency transportation (e.g., MEDIVAC), hyperbaric or other medical treatment, hospitalization, and compensation for lost wages associated with extended absence due to work-related medical emergencies (e.g., workers' compensation). You may attach additional information, if necessary.

<u>Type & Extent of Coverage</u>	<u>Dates of Coverage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

By signing this document, you acknowledge that NOAA is not liable for your diving activities.

Signature - Representative for Sponsoring Organization Date

Diver's signature Date

Printed Name