

**Old Dominion University Academic Diving Program**  
**ODU SCIENTIFIC DIVER MEDICAL CONSENT AND INSURABILITY**  
For Old Dominion University Faculty, Staff and Students

I, \_\_\_\_\_, 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 Old Dominion University affiliated diving activities.

As evidence of insurability, I attach a copy of my card for the following Divers' Alert Network (DAN) Diving Accident Insurance, which covers the cost of emergency transport and medical care for diving related injuries or illness. I agree to be responsible for payment of any, and all, medical expenses, costs and other charges not covered.

I understand I must maintain continuous diver's insurance as long as I remain an active diver within the ODU Academic Diving Program and that I am responsible for all DAN renewal fees \_\_\_\_\_ (initials).

DAN Member Number: \_\_\_\_\_ Coverage Level: \_\_\_\_\_ Expires: \_\_\_\_\_  
(Minimum: DAN Standard Plan)

**EMERGENCY CONTACTS:**

1st Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2nd Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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 as a ODU employee, **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 to the extent permitted by the Virginia Tort Claims Act..** 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 date, \_\_\_\_\_.

(Date)

\_\_\_\_\_  
(Diver)

\_\_\_\_\_  
(Parent or Guardian, if Diver is under age 18)

\_\_\_\_\_  
(Print Diver Name)

\_\_\_\_\_  
(Print Name, Parent or Guardian)