

LIABILITY RELEASE AND ASSUMPTION OF RISK

This form is for diving candidates applying for training or evaluation to enter the NOAA Diving Program who are not currently full time employees of NOAA or any other government agency.

I, _____, am about to participate in a training or evaluation program sponsored by the National Oceanic and Atmospheric Administration (NOAA) Diving Program described as follows: _____, entirely upon my own initiative, risk, and responsibility.

- I am aware of the inherent risks and hazards associated with diving, including, but not limited to, barotrauma, lung over-expansion injuries, decompression sickness, and drowning.
- I understand that diving exposes my body to increased pressure and that I may be injured as a result of participation in such activities despite following appropriate practices and adhering to established decompression tables and procedures.
- I also understand that diving is a physically strenuous activity and that I will be exerting myself during this activity and that if I am injured as a direct or indirect result of exposure to hyperbaric pressures that I assume the risk of said injuries and that I will not hold the released parties responsible for the same.
- I declare that I am in good mental and physical condition for diving, and that I am not under the influence of any drugs that are contradictory to diving. If I am taking medication, I declare that I have consulted with a physician and have approval to dive while under the influence of such medication/drugs.
- In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with any dive(s) for any harm, injury, damage or death that may befall me, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and NOAA, and any of its employees, from any demand, claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, heirs, executors, representatives, administrators and assigns, arising out of my participation in this activity.
- I further declare that I am of lawful age and legally competent to sign this liability release. I hereby affirm that I have read this liability release and that I fully understand its contents.

CANDIDATE DIVER NAME (PRINTED)

CANDIDATE DIVER SIGNATURE

DATE

PRA Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-XXXX. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA Diving Center Executive Officer, NOAA Diving Program, 7600 Sand Point Way NE, Building 8, Seattle, WA 98115, 206-526-6460.

Privacy Act Statement

Authority: The collection of this information is authorized under 29 CFR 1910, Subpart T, Commercial Diving Operations. Additional authorities include 29 U.S.C. 653, 655, 657; 40 U.S.C. 333; 33 U.S.C. 941; Secretary of Labor's Order No. 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), 3-2000 (65 FR 50017), 5-2002 (67 FR 65008), 5-2007 (72 FR 31160), or 4-2010 (75 FR 55355) as applicable, and 29 CFR 1911.

Purpose: NOAA is collecting this information to assess an individual's medical fitness to dive, proficiency, and further training from candidates applying for training or evaluation to enter the NOAA Diving Program who are not currently full time employees of NOAA or any other government agency. Information will also be used to ensure diving equipment is safe and well maintained and that all policies are being adhered to for safety reasons. Aggregate data is used for annual reports and other leadership documents.

Routine Uses: NOAA will use this information in the determination of an individual's medical fitness to dive. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 552a) to be shared among Department staff for work-related purposes. Disclosure of this information is also subject to all of the published routine uses as identified in the Privacy Act System of Records Notice NOAA-10, NOAA Diving Program.

Disclosure: Furnishing this information is voluntary. However, the failure to provide complete and accurate information will exclude the individual from NOAA's Diving Program.