

**THE UNIVERSITY OF MISSISSIPPI
SCIENTIFIC DIVING APPLICATION AND RESUME**

Name: _____ Birth Date: _____

Phone: _____ Current Age: _____

Address: _____

Original certification (agency, rating, date): _____

Other certifications: _____

Total # of dives:	
By depth:	By location:
0-30'	SW temperate
30-60'	SW tropical
60-100'	FW temperate
100'+	FW tropical

Brief description of dive history (e.g. mostly boat dives, S. California etc.)

Future dive plans/goals:

Emergency Contact:
Name: _____
Relationship: _____
Phone: (work) _____ (home) _____
Address: _____

I understand there are inherent risks in diving on compressed air. I hereby release The University of Mississippi and its agents from any liability due to SCUBA diving.

Name: _____ Signature: _____
Date: _____ Witness: _____