

**Participant Agreement Form**

Between [enter name of business]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And

The NOAA National Undersea Research Center  
at the University of North Carolina at Wilmington

This Participant Agreement will confirm an understanding between the NOAA National Undersea Research Center at the University of North Carolina at Wilmington and [enter name of participant] \_\_\_\_\_ of [enter name of business] \_\_\_\_\_ concerning access and participation with the National Undersea Research Center for public relation purposes. This Form outlines an agreement to conduct [enter name of project and number] \_\_\_\_\_ in such a manner that is appropriate and serves the needs of both parties.

**Please acknowledge by initialing the following statements and signing below:**

\_\_\_\_\_ I understood that I am required to comply with all laws, ordinances, codes and rules, regulations, and licensing requirements, that are applicable to conduct of my profession and the work to be performed, including those Federal, State, and local agencies having jurisdiction and/or authority.

\_\_\_\_\_ I am a certified diver by a nationally recognized diving certification agency and am qualified to engage in compressed gas diving.

\_\_\_\_\_ I am medically fit and healthy to conduct the proposed activities.

\_\_\_\_\_ I am covered under my employers workers compensation program, or I will provide insurance coverage at my own expense. My insurance company and policy number is \_\_\_\_\_.

\_\_\_\_\_ I understand that when engaging in compressed gas diving, I will comply with the OSHA Commercial Diving Standards found in 29 CFR Part 1910 – Subpart T, which is mandatory occupational safety and health requirements for commercial diving.

\_\_\_\_\_ I will hold harmless the University of North Carolina at Wilmington and its representatives in the event of an accident or injury while working under the terms of this Participant Agreement, including travel.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NURC/UNCW Center Director

\_\_\_\_\_  
Date