



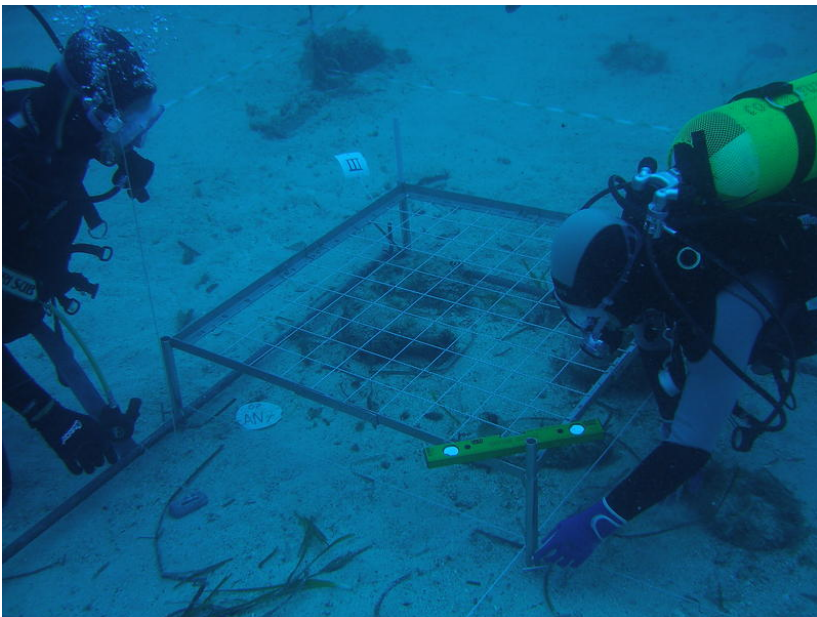
ST. AUGUSTINE LIGHTHOUSE ARCHAEOLOGICAL MARITIME PROGRAM

Introduction to LAMP's Scientific Diving Program

Thank you for expressing interest in participating in our archaeological diving program! The St. Augustine Lighthouse Archaeological Maritime Program (LAMP), is the research arm of the St. Augustine Lighthouse & Maritime Museum. LAMP was founded in 1999, and we have been searching for, diving on, and excavating historic shipwrecks and other maritime archaeological sites ever since.

What is Maritime Archaeology?

Archaeology is the scientific study of the human past through the investigation of artifacts, structures, and the remains of plants and animals. Archaeologists seek to better understand history and past human cultures and behavior. Maritime archaeology focuses on our maritime past, and explores historic and prehistoric relationships with the sea and inland waters. For thousands of years, humans have built boats and ships in order to fish, trade, explore, and wage war. For most of human existence ships were the only way to transport people, goods, and ideas over long distances. Ships allowed global exploration, the formation of colonial empires, and the development of the world economy that we all participate in today. Beneath the surface of our oceans, lakes, rivers, and wetlands lie evidence of these activities, in the form of sunken shipwrecks and locally-built workboats, and the remains of piers, wharves, collapsed lighthouses, and other such archaeological sites. The maritime archaeology of St. Augustine waters is particularly significant, as this is the oldest port city in the United States. For well over four centuries, ships voyaged to and from this colonial outpost every year. Hundreds of Spanish, French, English, American, and Confederate ships have been lost to the shifting sands and treacherous waters off our coast, and each is a unique time capsule allowing archaeologists an exceptional view of the past.



Maritime archaeology is a specialized science, and combines techniques developed by archaeologists, marine scientists, historians, anthropologists, geologists, forensic specialists, oceanographers, and naval architects. In addition, underwater archaeology requires strong diving skills, in order to safely and efficiently gather data underwater. Maritime archaeologists carefully record the precise location of every artifact on a shipwreck, just as forensic scientists do at a crime scene, in order to reconstruct the lifeways of the people who lived and worked on the ship, and the design and construction of the ship itself. All artifacts and other features such as ship timbers are drawn in detail and photographed. Archaeologists may excavate or “dig” the site using a hand-held

underwater dredge which deposits the sediment through a screen, so that not even the smallest artifact is lost.

Shipwreck excavations entail the recovery of large objects such as 15-foot long anchors, along with delicate ones such as fragments of sailcloth or paper, or the wings of insects once present belowdecks.

Samples are taken for laboratory analysis to determine species or substance identification, metallurgical composition, or radiocarbon dating. While underwater sediments tend to preserve artifacts remarkably well, all objects recovered from the sea floor must be meticulously treated in a laboratory or risk being destroyed as they dry out. A cannon, for example, takes years of electrolytic and chemical treatment to stabilize it so that it will remain in the condition of that recovered from a 1764 shipwreck on display in our museum. Compare this to the ones lining the side of the road across from the Castillo de San Marcos, which have rusted away so severely that they are barely recognizable as cannons at all. Archaeology is not treasure hunting—we seek knowledge of the past, not profits through the sale of artifacts. Many shipwreck sites in Florida and elsewhere have been destroyed by treasure hunters blowing holes in the seafloor in order to find gold. The stories these wrecks might have told have been muted forever. Any artifacts that LAMP brings to the surface remain property of the State of Florida, and either go on display in our museum or go into storage where they can be accessed by other scholars or interested members of the public or loaned to other museums for display elsewhere.

How you can get involved

If you are a certified diver and willing to share your time, we would like for you to be able to participate in our research and dive with our archaeologists. As underwater archaeology requires good diving skills and specialized skills, we will need proof of your diving experience, and will provide training in archaeological methods. Any scientific diving in the U.S. is regulated by national standards such as those of the American Academy of Underwater Sciences, and in order to run a safe diving operation we follow these guidelines which make certain requirements of anyone wishing to dive with us. These requirements include:

- Proof of basic scuba and all other diving certifications
- A basic swimming test in a pool
- An in-water review of basic scuba skills with a diving instructor
- A written test reviewing general scuba diving knowledge
- You must complete the following forms and return them to the LAMP Volunteer Coordinator:
 - LAMP Scientific Diver Questionnaire and Diving Experience Resume (so we will know more about you, your diving experience, and how to get in contact with you)
 - Statement of Voluntary Consent General Release and Waiver of Liability (stating that you understand diving has certain inherent risks, and that you are a voluntary participant in our diving projects. If you feel you don't remember all of the risks involved in diving from your basic scuba certification class, please discuss them with a LAMP diving instructor or your own diving instructor before signing this form).
 - LAMP Scientific Diving Medical History Form (this detailed questionnaire will identify any health problems that might prevent you from safely participating in scientific diving activities. It should be completed by you and provided to your doctor at your diving physical exam (see below)).
- You must undergo a diving physical exam with a doctor or your choice. You must bring three forms to the doctor for him/her to review and complete: 1. the LAMP Scientific Diving Medical History Form (see above) which you must complete before the exam, 2. the Diving Medical Exam Overview for the Examining Physician (for your doctor to read before the exam), and 3. the Medical Evaluation of Fitness for Scuba Diving Report (which your doctor will complete after your exam).
- To participate in diving activities, you must be enrolled in the DAN (Divers Alert Network) Diving Accident Insurance Master Plan, which will provide up to \$125,000 in medical expenses for decompression illness or other diving accidents for only \$35. Please visit www.diversalertnetwork.org/insurance/ to learn more about this non-profit dive safety organization and to sign up for coverage. Formal meeting with the LAMP Diving Officer to review the paperwork listed above, along with the LAMP diving standards and safety policies.

Once all of these requirements are met, you will be recognized as a Science Diver in Training. This means that you can participate on research dives as long as you are accompanied by an Active Science Diver. To achieve Active Science Diver status, you must complete the following:

- Perform 12 dives with an Active Science Diver
- Complete 100 hours of diving and archaeological training beyond your basic scuba certification. LAMP will host an ongoing series of seminars and workshops in which you may participate in order to pursue this goal. These are opportunities to learn the practical skills used by professional archaeologists—such as underwater mapping, excavation, artifact recovery and identification, etc.—along with specialized dive training and certification such as nitrox diving, rescue diving, CPR and First Aid, oxygen administration, drysuit diving, low visibility diving, deep diving, night diving, underwater communication equipment, etc. Training in other areas such as boat operation, archaeological laboratory procedures, and historical research/paleography will also count towards the 100 hour training requirement. Certain training that you may have undergone outside LAMP—such as advanced diving certifications or university coursework in archaeology—may also count towards this requirement, if approved by the LAMP Diving Safety Officer.

Once you have achieved Active Diver Status, you are a full-fledged scientific diver and will be qualified to dive on most LAMP projects. In addition, since you will have met nationally-recognized science diving standards, you will also be qualified to work with other diving scientists at universities and research institutes across the country, should you continue to volunteer or pursue a career in marine science.



LAMP diver inspects a cannon from an 1841 French shipwreck in Bermuda.

This may seem like a lot of requirements, and it is true that if you wish to participate in underwater archaeology you must be willing to devote some time and effort. It is also true that science diving is not recreational diving. Working underwater is different than visiting to watch fish and coral; it takes considerable diving skill and the ability to be comfortable in the water even in the face of adverse conditions. Diving on the shipwrecks in north Florida waters can entail very limited visibility, entanglement hazards, and strong currents. These conditions are made even more challenging when a diver is task-loaded and sent down to achieve specific goals which might entail using a hammer, clipboard and underwater paper, tape measure, and compass all on the same dive. These scenarios are the reasons why diving organization and safety standards are so important in science diving, which overall has an excellent safety record.

If you feel a bit rusty with your diving skills, this is a good opportunity to work with an instructor in a controlled environment, and to participate in training programs that will restore confidence in your diving skills. If you feel this kind of diving is not for you, but still wish to participate, there are many opportunities to work topside on our boats or in the laboratory. But if you wish to take the plunge, you will find that despite its challenges, scientific diving is a very fun and rewarding experience. There are very few areas in the world where opportunities to dive alongside archaeologists exist. At LAMP we believe that the maritime heritage preserved in our waters belongs not just to archaeologists but to all of us, and we hope you are up to the challenge of diving into history!

For information or to start the process of applying to the LAMP Scientific Diving Program, please contact Chuck Meide, LAMP Director, at 904-829-0745 or via email at cmeide@staugustinelighthouse.org.



ST. AUGUSTINE
LIGHTHOUSE
ARCHAEOLOGICAL
MARITIME PROGRAM

LAMP SCIENTIFIC DIVER QUESTIONNAIRE

Last Name: _____ First Name _____ MI _____ Date _____

Address: _____
(# and Street) (City) (State) (ZIP)

Home Phone # _____ Work Phone # _____

Mobile Phone # _____ Email _____

Occupation: _____ Date of Birth ____/____/____ Gender: _____
mo / dy / yr

EMERGENCY INFORMATION: *In case of an emergency, whom should we contact?*

Name: _____ Relationship: _____

Home Phone # (____) _____ Work Phone # (____) _____

Mobile Phone # (____) _____ Email _____

Address: _____
(# & Street) (City) (State) (ZIP)

PREVIOUS SCIENCE DIVING AFFILIATION:

Have you been certified as a scientific diver through AAUS or similarly structured standards? Yes / No

If yes, through which institution or organization? _____

Name, phone number, and email of that program's Diving Officer? _____

Are you currently an active diver in this organization? Yes / No **If so, are you seeking reciprocity with LAMP?** Yes / No

SCHOOL OR OTHER AFFILIATION:

If you are a high school student:

School Name: _____ **Status (circle one):** F S Jr Sr

Are you taking/have you taken LAMP's high school maritime archaeology class? Yes No

If yes, which year did you take it? _____

If you are a university student studying archaeology or a related field:

University: _____ **Status (circle one):** Undergrad Graduate

Major: _____ **Expected graduation date:** _____

If you are a professional archaeologist/historian/other researcher:

Research Specialty: _____

Affiliated Institution: _____ *Professional researchers, please attach curriculum vitae*

If you are an avocational archaeologist:

Amateur group(s) affiliated with: _____

Years of experience, archaeology on land: _____ **Archaeology underwater:** _____

DIVING EXPERIENCE RESUME

LAMP Scientific Diving Program

Name _____ Program Entry Date _____ Date of Birth _____

Date of Last Physical _____ Date of Last Chest x-ray _____ Date of Last EKG _____

Are there any medical conditions that limit your diving? Yes / No If yes, explain on back of form.

Have you ever suffered a diving accident (hyperbaric trauma, gas embolism, decompression sickness)? Yes / No
If yes, explain on back of form.

Training and Certifications:

Please attach copies of certification cards or records of training. List agency, type, and year in the spaces provided below:

Basic diving certification _____ Advanced: _____

CPR _____ First Aid _____ Oxygen Admin. _____

Rescue: _____ Advanced Diver: _____ Master Diver: _____

Divemaster: _____ Asst. Instructor: _____ Instructor: _____

Any Other Specialty Certifications _____

Career Open-Water Dives (estimate):

Dives _____ # Hours _____ Max. Depth.(fsw) _____ Date & Depth (fsw) of last dive _____

Approx. # of dives in the past year: _____ Average depth to which you regularly dive: _____ Self-imposed depth limit _____

Indicate your diving experience in the following categories:

E=Extensive (more than 20 dives) M=Moderate (5-20 dives) L=Limited (1-4 dives) N=None

Diving From Boats/Ships:

____ Small Boats (up to 20')

____ Vessels 21'-100'

____ Ships >100'

Other:

____ Night Diving

____ Decompression Diving

____ Diving at Sea (Blue Water)

____ Diving EMT/Chamber Operator

____ Cold Water (<60°F) Diving

____ Limited Visibility (less than 5 feet) Diving

____ Zero Visibility Diving

____ Very Clear Water (greater than 50' vis.) Diving

____ Saltwater Diving

____ Mud or Silt Bottom Diving

____ Coral Reef Diving

____ Strong Current (over 1/2 knot) Diving

____ Altitude (above 2000') Diving

____ Underwater photography/videography

____ Dry Suit Diving

____ Nitrox/Mixed Gas Diving

____ Commercial Diving

____ Military Diving

____ Scientific Diving

____ Surface-Supplied Diving

____ Rebreather Diving

____ Towed Diving

Shore Diving:

____ General shore diving

____ Surf

Overhead Environments Diving:

____ Ice Diving

____ Cave Diving

____ Cavern Diving

____ Wreck Diving

Freshwater Diving:

____ Ponds, Lakes, Quarries

____ Rivers

____ Sinks or Springs

Research Diving Experience

Level of Experience _____ Examples of Research Diving Projects _____

Other Relevant Experience or Certifications (EMT, MD, captain's license, etc): _____

Please complete the Scientific Diver Questionnaire and the Diving Experience Resume and return to:

LAMP
St. Augustine Lighthouse & Maritime Museum
81 Lighthouse Avenue
St. Augustine, FL 32080
(Rev. 12/2016 om)

Telephone: 904-829-0745
Fax: 904-808-1248
Website: <http://www.LAMPmaritime.org>
E-mail: lamp@staugustinelighthouse.org



LAMP SCIENTIFIC DIVING MEDICAL HISTORY FORM

Name _____ Sex _____ Age _____ Weight _____ Height _____
(PRINT CLEARLY)

Date ____/____/____
(Mo./Day/Yr.)

TO THE APPLICANT:

Compressed-gas diving makes considerable demands on your physical and emotional condition. Diving with a particular defect amounts to asking for trouble not only for yourself, but to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program.

Your answers to the questions are more important, in many instances, in determining your fitness than what a physician may see, hear or feel during a physical examination. This medical screening process is important for your safety and that of others you will be working with—it is important that you provide honest and accurate information.

This form shall be kept confidential. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician and he/she must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition that might make diving hazardous, you will be asked to review the matter with your physician. In such instances, his/her written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

	Yes	No	Please indicate whether or not the following apply to you	Comments
1			Convulsions, seizures, or epilepsy	
2			Fainting spells or dizziness	
3			Been addicted to drugs	
4			Diabetes	
5			Motion sickness or sea/air sickness	
6			Claustrophobia	
7			Mental disorder or nervous breakdown	
8			Are you pregnant?	
9			Do you suffer from menstrual problems?	
10			Anxiety spells or hyperventilation	
11			Frequent sour stomachs, nervous stomachs or vomiting spells	
12			Had a major operation	
13			Presently being treated by a physician	
14			Taking any medication regularly (even nonprescription)	

	Yes	No	Please indicate whether or not the following apply to you	Comments
15			Been rejected or restricted from sports	
16			Headaches (frequent and severe)	
17			Wear dental plates	
18			Wear glasses or contact lenses	
19			Bleeding disorders	
20			Alcoholism	
21			Any Problems related to diving	
22			Nervous tension or emotional problems	
23			Take tranquilizers	
24			Perforated ear drums	
25			Hay fever	
26			Frequent sinus trouble, frequent drainage from the nose, post-nasal drip, or stuffy nose	
27			Frequent earaches	
28			Drainage from the ears	
29			Difficulty with your ears in airplanes or on mountains	
30			Ear surgery	
31			ringing in your ears	
32			Frequent dizzy spells	
33			Hearing problems	
34			Trouble equalizing pressure in your ears	
35			Asthma	
36			Wheezing attacks	
37			Cough (chronic or recurrent)	
38			Frequently raise sputum	
39			Pleurisy	
40			Collapsed lung (pneumothorax)	
41			Lung cysts	
42			Pneumonia	
43			Tuberculosis	
44			Shortness of breath	
45			Lung problem or abnormality	
46			Spit blood	
47			Breathing difficulty after eating particular foods, after exposure to particular pollens or animals	
48			Are you subject to bronchitis	
49			Subcutaneous emphysema (air under the skin)	
50			Air embolism after diving	
51			Decompression sickness	
52			Rheumatic fever	
53			Scarlet fever	

	Yes	No	Please indicate whether or not the following apply to you	Comments
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	
59			Low blood pressure	
60			Recurrent or persistent swelling of the legs	
61			Pounding, rapid heartbeat or palpitations	
62			Easily fatigued or short of breath	
63			Abnormal EKG	
64			Joint problems, dislocations or arthritis	
65			Back trouble or back injuries	
66			Ruptured or slipped disk	
67			Limiting physical handicaps	
68			Muscle cramps	
69			Varicose veins	
70			Amputations	
71			Head injury causing unconsciousness	
72			Paralysis	
73			Have you ever had an adverse reaction to medication?	
74			Do you smoke?	
75			Have you ever had any other medical problems not listed? If so, please list or describe below;	

Additional Comments:

If additional space is required, please use the back of this form or attach a separate sheet of paper.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature

Date

Witness Signature

Date

SEE NEXT PAGE FOR INSTRUCTIONS ON THE PROPER DISPOSITION OF THIS FORM

NOTE:

This questionnaire must be returned to LAMP Volunteer Coordinator to be evaluated by the LAMP Diving Officer.

LAMP Diving Officer Evaluation

I have reviewed the information provided on this questionnaire and the individual's most recent Medical Evaluation of Fitness for SCUBA Diving Report. Based on this information, the individual named above has met the medical requirements of LAMP and the American Academy of Underwater Sciences. This person is eligible to engage in scientific diving under the auspices of LAMP for no more than one year from the date below.

(Date)

(Signature)

DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This person, _____, requires a medical examination to assess his/her fitness for certification as a Scientific Diver for the Lighthouse Archaeological Maritime Program (LAMP). His /her answers on the Diving Medical History Form (attached), may indicate potential health or safety risks as noted. Your evaluation is requested on the attached scuba Diving Fitness Medical Evaluation Report. If you have questions about diving medicine, you may wish to consult one of the references on the attached list or contact Duke University's Divers Alert Network website or medical information hotline (also attached below). A list of local physicians familiar with diving medicine is also attached. Please contact the undersigned LAMP Diving Officer if you have any questions or concerns about diving medicine or LAMP and the Academy of Underwater Sciences scientific diving standards. Thank you for your assistance.

Chuck Meide
LAMP Diving Officer
St. Augustine Lighthouse & Museum
81 Lighthouse Ave.
St. Augustine, FL 32080

Date
Phone: 904-829-0745
Fax: 904-808-1248
e-mail: cmeide@staugustinelighthouse.com

Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgement, emotional stability or physical fitness. Please consult the following list of conditions that usually restrict candidates from diving.

(Adapted from Bove 1998: 61 -63, bracketed numbers are pages in Bove)

CONDITIONS WHICH MAY DISQUALIFY CANDIDATES FROM DIVING

1. Abnormalities of the tympanic membrane, such as perforation, presence of a monomeric membrane, or inability to autoinflate the middle ears. [5,7,8,9]
2. Vertigo including Meniere's Disease. [13]
3. Stapedectomy or middle ear reconstructive surgery. [11]
4. Recent ocular surgery. [15,18,19]
5. Psychiatric disorders including claustrophobia, suicidal ideation, psychosis, anxiety states, untreated depression. [20 - 23]
6. Substance abuse, including alcohol. [24-25]
7. Episodic loss of consciousness. [1, 26,27]
8. History of seizure. [27, 28]
9. History of stroke or a fixed neurological deficit. [29,30]
10. Recurring neurologic disorders, including transient ischemic attacks. [29,30]
11. History of intracranial aneurysm, other vascular malformation or intracranial hemorrhage. [31]
12. History of neurological decompression illness with residual deficit. [29,30]
13. Head injury with sequelae. [26, 27]
14. Hematologic disorders including coagulopathies. [41, 42]
15. Evidence of coronary artery disease or high risk for coronary artery disease. [33 - 35]
16. Atrial septal defects. [39]
17. Significant valvular heart disease - isolated mitral valve prolapse is not disqualifying. [38]
18. Significant cardiac rhythm or conduction abnormalities. [36 - 37]
19. Implanted cardiac pacemakers and cardiac defibrillators (ICD). [39, 40]
20. Inadequate exercise tolerance. [34]
21. Severe hypertension. [35]
22. History of spontaneous or traumatic pneumothorax. [45]
23. Asthma. [42 - 44]
24. Chronic pulmonary disease, including radiographic evidence of pulmonary blebs, bullae or cysts.[45,46]
25. Diabetes mellitus. [46 - 47]
26. Pregnancy. [56]

MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT

Name of Applicant (Print or Type)

Date(Mo/Day/Year)

To The PHYSICIAN:

This person is an applicant for training or is presently certified to engage in diving with self-contained underwater breathing apparatus (scuba). This is an activity that puts unusual stress on the individual in several ways. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

TESTS: Please initial that the following tests were completed.

**Initial Examination
or first over age 40**

- _____ Medical History
- _____ Complete Physical Exam with emphasis
on neurological and otological components
- _____ Chest X-Ray, PA and lateral views
- _____ Spirometry
- _____ Hematocrit or Hemoglobin
- _____ Urinalysis
- _____ Audiogram
- _____ Visual acuity
- _____ Any further tests deemed necessary by the
physician.

Additional testing for initial exam over age 40

- _____ Resting EKG
- _____ Assessment of coronary artery disease risk
factors including lipid profile and diabetic
screening

**Re-examination (Every 5 years under age 40,
every 3 years over age 40, every 2 years over age 60)**

- _____ Medical History
- _____ Complete Physical Exam, with emphasis
on neurological and otological components
- _____ Hematocrit or Hemoglobin
- _____ Urinalysis
- _____ Any further tests deemed necessary by
the physician

Additional testing for over age 40

- _____ Resting EKG
- _____ Assessment of coronary artery disease risk
factors including lipid profile and diabetic
screening

Note: Exercise stress testing may be indicated based on risk factor analysis

RECOMMENDATION:

APPROVAL. I find no medical condition(s) that I consider incompatible with diving.

RESTRICTED ACTIVITY APPROVAL. The applicant may dive in certain circumstances as described in
REMARKS.

FURTHER TESTING REQUIRED. I have encountered a potential contraindication to diving. Additional medical
tests must be performed before a final assessment can be made. See REMARKS.

REJECT. This applicant has medical condition(s) which, in my opinion, clearly would constitute unacceptable
hazards to health and safety in diving

OVER

FURTHER INFORMATION ON DIVING MEDICINE

The Divers Alert Network (DAN), based at Duke University, maintains a hotline staffed by physicians and medics with expertise in diving medicine, and constantly updates a database of operational hyperbaric chamber facilities across the U.S. Their webpage hosts an extensive array of information related to diving health and conditions that may impact safe diving, and allows visitors to email questions directly to DAN medics.

Divers Alert Network
Medical Information Line

www.diversalertnetwork.org
Phone: (919) 684-2948 Ext 222

Mon-Fri, 9 AM to 5 PM EST

SELECTED REFERENCES IN DIVING MEDICINE

Most of these are available from Best Publishing Company, P.O. Box 30100, Flagstaff, AZ 86003-0100, the Divers Alert Network (DAN) or the Undersea and Hyperbaric Medical Association (UHMS), Bethesda, MD.

DIVING MEDICINE, Second Edition, 1990. A. Bove and J. Davis. W.B. Saunders Company, Philadelphia

DIVING AND SUBAQUATIC MEDICINE, Third Edition, 1992. C. Edmonds, C. Lowery and J. Pennefather. Butterworth-Heinemann Ltd. Oxford

MEDICAL EXAMINATION OF SPORT SCUBA DIVERS, 1998. Alfred Bove, M.D.,Ph.D. (ed.). Medical Seminars, Inc. San Antonio, TX

NOAA DIVING MANUAL, NOAA. U.S. Government Printing Office, Washington, D.C.

SCUBA DIVING IN SAFETY AND HEALTH, C.W. Deuker. Madison Publishing Associates, Diving Safety Digest, P.O. Box 2735, Menlo Park, CA 94026

THE PHYSICIAN'S GUIDE TO DIVING MEDICINE, C.W. Shilling, C.B. Carlston and R.A. Mathias. Plenum Press, New York, NY

U.S. NAVY DIVING MANUAL. U.S. Government Printing Office, Washington, D.C.

<http://www.diversalertnetwork.org/medical/articles/index.asp>

Site contains articles on diving medicine from Alert Diver Magazine.

LOCAL/REGIONAL PHYSICIANS FAMILIAR WITH DIVING MEDICINE

Duke Scott, M.D.
1606 Arrowhead Trail
Neptune Beach, FL 32266
Phone: (904) 246-0750

Victor Maquera, MD
1895 Kingsley Ave.
Orange Park, FL 32073
Phone: (904) 276-2220

John Zumrick, MD
1588 Chain Ferry Way
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Shands Medical Center
P.O. Box 100254
Gainesville, FL 32610-025
Phone: (352) 395-0463



**STATEMENT OF VOLUNTARY CONSENT
GENERAL RELEASE AND WAIVER OF LIABILITY**

In consideration of my participation in **Scientific Diving, Archaeological Fieldwork, and Boating Activities**, and for other good and valuable consideration received by me, receipt of which is hereby acknowledged,

I _____, and in the event that the undersigned is under eighteen (18) years of age, the undersigned's parent and/or guardian having actual knowledge and conscious appreciation of the particular dangers involved in ARCHAEOLOGICAL FIELDWORK and SCIENTIFIC DIVING and in the activities described herein, including, but not limited to: **COMPRESSED GAS DIVING, ARCHAEOLOGICAL SURVEY AND EXCAVATION, FIELD ACCOMMODATION, AND BOATING ACTIVITIES**, do hereby volunteer consent to my participation in (or in the event the undersigned is under eighteen (18) years of age, the minor's parent and/or guardian), the aforementioned activity and assume the risks arising therefore, as well as hereby hold(s) harmless and release(s) and forever discharge(s) the Lighthouse Archaeological Maritime Program, Inc. (LAMP) and its Board of Directors, the St. Augustine Lighthouse and Museum, Inc. and its Board of Directors, the LAMP Scientific Diving Control Board, the LAMP Diving Officer and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to the Lighthouse Archaeological Maritime Program, Inc., the St. Augustine Lighthouse and Museum, Inc., and their Boards of Directors, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them and their heirs, representatives, executors and administrators thereof, or any other persons acting in their behalf, or in behalf of their respective agents, have or may have against the said Board of Directors of the St. Augustine Lighthouse and Museum, Inc., or the Board of Directors of the Lighthouse Archaeological Maritime Program, Inc., or any or all of the aforementioned persons or their successors, by reason of any accident, illness, injury or death, or any other consequences arising or resulting directly or indirectly from participation in SCIENTIFIC DIVING, ARCHAEOLOGICAL FIELDWORK, AND BOATING ACTIVITIES under the auspices of the Lighthouse Archaeological Maritime Program, Inc., and occurring during said participation, or at any time subsequent thereto. I understand that dive sites may be remote and that a recompression chamber may not be readily available, and I understand and choose to assume the risks of diving in the absence of a recompression chamber.

I HEREBY further declare and represent that I am on notice, this being evidence and acknowledgment thereof, that the Lighthouse Archaeological Maritime Program, Inc. and the St. Augustine Lighthouse and Museum, Inc. have no medical insurance that covers me, or in the event the undersigned is under eighteen (18) years of age, that the Lighthouse Archaeological Maritime Program, Inc. or the St. Augustine Lighthouse and Museum, Inc. has no medical insurance that covers my minor child, and it has been strongly recommended to me that I or my minor child obtain medical insurance prior to the aforesaid SCUBA DIVING activities are performed.

FINALLY, I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on this _____ of _____, _____.

(WITNESS SIGNATURE)

(SIGNATURE OF PARTICIPANT)

(WITNESS SIGNATURE)

(SIGNATURE OF PARENT OR GUARDIAN)