

MARITIME ARCHAEOLOGICAL SOCIETY

Ethics Statement

The Maritime Archaeological Society (MAS) is organized for the purpose of promoting public education in maritime cultural heritage, historic shipwreck preservation, and the science of maritime archaeology. In pursuit of this objective, members may come in contact with unique information and cultural material associated with terrestrial and underwater sites containing evidence of the history of humankind. To protect these sites from destruction by commercial salvors and amateur souvenir hunters, the MAS seeks to encourage its members to abide by the highest ethical standards. Therefore, as a condition of membership, the undersigned executes this statement of ethics acknowledging adherence to the standards and policies of the MAS, and further agrees to the following:

1. Know and comply with all federal, state, and local laws, ordinances, and regulations applicable to the Maritime Archaeological Society research and activities, and report violations to proper authorities.
2. Protect critical information concerning the Maritime Archaeological Society projects, including site location and description.
3. Refuse to knowingly be involved in the recovery or excavation of artifacts for commercial exploitation or personal gain, or knowingly be employed by or knowingly contract with an individual or entity that recovers or excavates archaeological artifacts for commercial exploitation.
4. Will not operate unauthorized photography, video, or electronic location equipment while onsite or publish the products of such equipment.
5. Refuse to comply with any request or demand which conflicts with these ethical standards.

Any member who violates the standards and policies shall be subject to sanctions and possible expulsion.

_____ Date: _____
signature mm/dd/yyyy

_____ Date: _____
signature mm/dd/yyyy

Application for Membership

Membership in the Maritime Archaeological Society is open to all who are interested in maritime archaeology and history, whether or not they choose to dive with us. To join MAS, please complete the information below. Next, print and sign the above ethics statement. Last, mail the form with a check made out to the Maritime Archaeological Society for your selected level of membership to: MAS P.O. Box 332 Astoria, OR 97103.

Name (Please Print): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Do you wish to receive our quarterly newsletter Yes No

Membership Rates: Regular: \$30 per year. Students: \$20 per year. (Please include proof of current student enrollment for the student rate) Couples: \$50 per year (two members in the same household).

Regular Student Couples

Please tell us your interest in volunteering. Use this link to see descriptions of the volunteer positions:

<http://maritimearchaeological.org/get-involved/>

Historical Research

Remote Sensor Operator

Shore-Based Archaeological Technician (non-diving)

Conservation Technician

Underwater Archaeological Technician (diving)

Support Personnel

Maritime Archaeology Crew Chief

Other interests _____



Annual Diver Information Form

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail: _____

DAN member number: _____

Emergency contact information (two required)

1. Name: _____ **Relationship:** _____

Phone: _____

Cell phone: _____

E-mail: _____

2. Name: _____ **Relationship:** _____

Phone: _____

Cell phone: _____

E-mail: _____

Diver Information

Date of last dive: _____

Number of cold water dives in past 12 months: _____

Total number of dives: _____

Certifications:

Agency/Number//Date

Open Water _____

Advanced Open Water _____

Rescue _____

CPR/First Aid _____

Drysuit Diving _____

Nitrox _____

CPR _____

Other Certifications:

Acknowledgement

I acknowledge that I have read, understand the MAS STANDARDS FOR SCIENTIFIC DIVING MANUAL and agree to adhere to procedures and standards during MAS diving activities

Signature _____

Date: _____



DIVING MEDICAL HISTORY FORM

(To Be Completed By Applicant-Diver)

Name _____ DOB _____ Age _____

Sponsor **Maritime Archaeological Society**

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

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness to dive than what the physician may see, hear or feel as part of the diving medical certification procedure.

- If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you must subsequently discuss that matter with your own physician who must then indicate, in writing, that you have done so and that no health hazard exists.

Should your answers indicate a condition, which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, their 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 they are concerned only with your well-being and safety.

	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 non-prescription)	
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	
	Yes	No	Please indicate whether or not the following apply to you	Comments
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	
54			Heart murmur	
55			Large heart	
56			High blood pressure	
57			Angina (heart pains or pressure in the chest)	
58			Heart attack	

	Yes	No	Please indicate whether or not the following apply to you	Comments
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;	
76			Is there a family history of high cholesterol?	
77			Is there a family history of heart disease or stroke?	
78			Is there a family history of diabetes?	
79			Is there a family history of asthma?	
80			Date of last tetanus shot? Vaccination dates?	

Please explain any "yes" answers to the above questions.

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

Signature

Date

Maritime Archaeological Society

COMPLETE LIABILITY RELEASE FOR DIVING OPERATIONS

1. I, _____, UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE THE MARITIME ARCHAEOLOGICAL SOCIETY, AND ITS PRINCIPALS, EMPLOYEES, AGENTS AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART.
2. I am a certified diver and have been taught and understand that diving and other underwater activities have inherent risks and dangers associated including, but not limited to, equipment failure, perils of the sea and acts of fellow divers, and I specifically assume such risks.
3. I acknowledge that I am physically fit to engage in underwater diving. I will not hold any of the above named entities responsible if I am injured or have any illnesses or medical problem, which occurs while I am diving.
4. I am not taking, nor have I recently taken any drugs or medication, either lawful or unlawful, that would contraindicate diving.
5. I understand I have a duty to plan and carry out my own dive and am responsible for my own safety and the safety of my buddy.
6. I will be present at and attentive to the safety briefing given on the dive station/boat and if there is anything that I do not understand or have been taught differently, I will request clarification immediately.
7. I fully understand and am aware that the dive location/boat is equipped with only first aid supplies and that in the event of illness or injury appropriate medical help must be summoned and that treatment will be delayed until I can be transported to a proper medical care facility.
8. I VOLUNTARILY ASSUME ALL RISK IN CONNECTION WITH SCUBA DIVING ACTIVITIES. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE MARITIME ARCHAEOLOGICAL SOCIETY AND ITS PRINCIPALS, EMPLOYEES, AGENTS AND DIVE BOATS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR ILLNESS OR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE THAT I MAY SUSTAIN AS A RESULT OF PARTICIPATION IN THE DIVE PROGRAM INCLUDING NEGLIGENCE OF THE MARITIME ARCHAEOLOGICAL SOCIETY, ITS PRINCIPALS, EMPLOYEES AND AGENTS.

9. I HAVE READ THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY RESPONSIBLE FOR MAKING DECISIONS ON MY OWN BEHALF.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____

Maritime Archaeological Society

COMPLETE LIABILITY RELEASE FOR ARCHAEOLOGICAL FIELDWORK

1. I, _____, UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE THE MARITIME ARCHAEOLOGICAL SOCIETY, AND ITS PRINCIPALS, EMPLOYEES, AGENTS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART.
2. I understand that archaeological fieldwork has inherent risks and dangers associated including, but not limited to, equipment failure and acts of fellow volunteers, and I specifically assume such risks.
3. I acknowledge that I am physically fit to engage in archaeological fieldwork. I will not hold any of the above named entities responsible if I am injured or have any illnesses or medical problem, which occurs while I am conducting archaeological fieldwork.
4. I will be present at and attentive to the safety briefing given on site and if there is anything that I do not understand or have been taught differently, I will request clarification immediately.
5. I fully understand and am aware that the site location is equipped with only first aid supplies and that in the event of illness or injury appropriate medical help must be summoned and that treatment will be delayed until I can be transported to a proper medical care facility.
6. I VOLUNTARILY ASSUME ALL RISK IN CONNECTION WITH ARCHAEOLOGICAL FIELDWORK. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE MARITIME ARCHAEOLOGICAL SOCIETY AND ITS PRINCIPALS, EMPLOYEES, AGENTS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR ILLNESS OR PERSONAL INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE THAT I MAY SUSTAIN AS A RESULT OF PARTICIPATION IN THE ARCHAEOLOGICAL FIELDWORK PROGRAM INCLUDING NEGLIGENCE OF THE MARITIME ARCHAEOLOGICAL SOCIETY, ITS PRINCIPALS, EMPLOYEES AND AGENTS.

7. I HAVE READ THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS, AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY RESPONSIBLE FOR MAKING DECISIONS ON MY OWN BEHALF.

Signature: _____ Date: _____

Printed Name: _____

Witness: _____