

GENERAL RELEASE AND WAIVER OF LIABILITY
DIVER STATEMENT OF VOLUNTARY CONSENT

In consideration of my participation in **The Florida State University Academic Diving Program** and its associated events and activities, both voluntary and mandatory, and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I _____, the undersigned (or in the event 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 The Florida State University Academic Diving Program and in the activities described herein, including, but not limited to **COMPRESSED GAS DIVING**, do hereby voluntarily consent to my participation in the aforementioned activity and assume the risks arising therefrom, as well as hereby release, waive, and forever discharge the State of Florida, The Florida State University, the FSU Board of Trustees, the FSU Scientific Diving Control Board, the FSU University Diving Officer, along with their representatives, officers, employees, agents, advisors, and members, either in their individual capacities or by reason of their relationship to The Florida State University and the FSU Board of Trustees, from any and all actions, damages, claims and/or demands whatsoever, which I, my heirs, personal representatives, executors, administrators, guardians, assigns, or any other persons acting on my behalf or on behalf of my respective agents, have or may have against any and all of the aforementioned entities or persons, by reason of any and all accidents, illnesses, or personal injuries, including death, or any other damages arising or resulting directly or indirectly from participation in the above-described activities under the auspices of The Florida State University, and occurring during said participation, or at any time subsequent thereto.

I UNDERSTAND that my participation in this program is voluntary and that it carries certain potential dangers and risks including but not limited to transportation to and from The Florida State University and its facilities via private vehicle, common carrier and/or a State-owned vehicle, participation in service learning, overnight accommodations, weather conditions, conditions of equipment, facility conditions, first aid operations or procedures, and any independent research or other activities I undertake. I understand my participation could ultimately result in injury, permanent disability, or death. I realize that I am responsible for any injuries to persons or property which may be incurred in connection with my participation in this event. I agree to abide by any policies, rules, and regulations adopted by the aforementioned.

I HEREBY further declare and represent that I am on notice, this being evidence and acknowledgment thereof, that The Florida State University has no medical insurance that covers me, or in the event the undersigned is under eighteen (18) years of age, that The Florida State University 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 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 date, _____, 20_____.

(WITNESS SIGNATURE)

(SIGNATURE OF STUDENT)

(WITNESS NAME)

IF UNDER EIGHTEEN (18) YEARS OF AGE
SIGNATURE OF PARENT OR GUARDIAN

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The following information is gathered as a matter of course in the interest of the safety of all participants. The information will only be used by The Florida State University Academic Diving Program and its authorized representatives in the event of medical necessity or emergency. This information will not be disclosed to any third party without your prior consent.

Medical and Insurance Information for Participant:

In Case of Emergency, Contact:

Name

Relationship to Participant

Primary Phone

Secondary Phone

Health Insurance Company:

Policy Number:

Allergies:

Please list any special services you may require due to an existing medical condition or physical disability:

