I have read and understand the University policies and procedures as stated in the following documents:

☐ General Release and Waiver of Liability Form

For Scientific Divers

☐ The Florida State University Standards for Scientific Diving Manual

I have read and had each of the above explained to me. All questions I may have had have been answered to my satisfaction. I agree to abide by the policies and conditions contained in these documents.

In addition, I agree to abide by the instructions given to me in the practical portion of the course including pool and open water sessions. I particularly understand that diving activity performed under the auspices of FSU is open-water diving and that when I am in open water environments I will not enter into caverns, caves, or any other overhead environment including shipwrecks unless provided explicit permission. I further understand that failure to follow any of the policies established by the FSU Academic Diving Program, the FSU Academic Diving Control Board, or any of their administrative personnel or staff may lead to my suspension from diving activities or revocation of permission to dive under FSU auspices.

Finally, I understand that loss of University equipment or damage to University equipment may result in my being invoiced for the cost of replacement or repair of said equipment.

________________________________________  _______________________________________
Name (print clearly)  Signature

________________________________________  _______________________________________
Witness Name  Witness Signature

________________________________________  _______________________________________
Date  Parent or Legal Guardian Signature
(If diver is under the age of 18)