

**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 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 SCUBA DIVING and in the activities described herein, including, but not limited to: **COMPRESSED GAS DIVING**, 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 Florida State University, The FSU Board of Trustees, the FSU Scientific Diving Control Board, the FSU University Diving Officer and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to The Florida State University and the FSU Board of Trustees, 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 Trustees of the Florida State University, 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 SCUBA DIVING under the auspices of The Florida State University, and occurring during said participation, or at any time subsequent thereto

**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 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 STUDENT)

\_\_\_\_\_  
(WITNESS SIGNATURE)

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)