

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

University of Florida
Division of Environmental Health and Safety
Diving Science and Safety Program

IN CONSIDERATION of my participation in

(Description and Designation of Activity)

and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I, _____ being eighteen (18) years of age or older and 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: _____

do hereby voluntarily consent to my participation in the aforementioned activity and assume the risks arising therefrom, as well as hereby hold harmless and release and forever discharge the University of Florida, Florida Board of Regents, the UF Diving Board, the UF Diving Safety Officer and any and all agents, officer's assistants and employees, either in their individual capacities or by reason of the relationship to the University of Florida and the University of Florida Board of Regents, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them, and the heirs, representatives, executors and administrators thereof, of any other persons acting in behalf, or in behalf of their respective agents, have or may have against the Said Board of Regents of the Florida University System, or any or all of the afore-mentioned persons or their successors, by reasons 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 University of Florida occurring during said participation, or at any time subsequent thereto.

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 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 the ____ day of _____, 19_____.

Witness Signature

Signature of Participant

Witness Name (Print)

Address of Signing Party