COMPLETE LIABILITY RELEASE FOR DIVING OPERATIONS
Including Heritage Awareness Diving Seminar (HADS)
and
Submerged Sites Education & Archaeological Stewardship (SSEAS)

1. In consideration for participation in the programs offered or
sponsored by the University of West Florida, the Florida Public Archeology Network, and the Host
Institutions, I __________________________ do hereby hold harmless and release and forever
discharge the State of Florida, the University of West Florida, the UVF Board of Trustees, the Florida
Public Archeology Network, and the Host Institutions and all other sponsors and their respective
officials, employees, agents and assigns, and dive boats (whether owned, operated, leased ,or chartered)
(hereinafter referred to as “Released Parties”) from any and all liability for any harm, injury, damage,
claims, demands, actions, causes of action, costs and expenses of any nature, that may be sustained by me
or any property belonging to me, whether caused by the negligence or carelessness of the Released
Parties, or otherwise, during the program or event offered or sponsored by the Released Parties for
FPAN Diving Operations. _______ Initial

2. I AM A CERTIFIED DIVER AND HAVE BEEN TAUGHT AND UNDERSTAND THAT DIVING AND
OTHER UNDERWATER ACTIVITIES HAVE INHERENT RISKS AND DANGERS INCLUDING
BUT NOT LIMITED TO BAROTRAUMA (ALTENOBARIC VERTIGO, BARODONTALGIA,
DECOMPRESSION SICKNESS, “THE BENDS”, DYSBARIC OSTEONECROSIS, EMBOLISM,
ARTERIAL GAS EMBOLISM, CEREBRAL EMBOLISM, LUNG EXPANSION INJURY,
PNEUMOMEDIASTINUM, PRESSURE ARRHYTHMIAS, TINNITUS, EUSTACIAN & INNER EAR
DAMAGE, TYMPANIC MEMBRANE RUPTURE AND/OR HEARING LOSS; NON-
BAROMERIC TRAUMA SUCH AS HYPERCAPNIA (CO² TOXICITY, NITROGEN NARCOSIS AND O²
TOXICITY; DANGEROUS MARINE LIFE, DEHYDRATION, HYPOTHERMIA, DROWNING,
ASPHYXIATION (RUNNING OUT OF AIR CAUSED BY IRRESPONSIBLE AIR MANAGEMENT OR
SCUBA EQUIPMENT FAILURE) UNDERWATER INJURY AND THE ACTS OF FELLOW DIVERS.
_______ Initial

3. I certify that I am physically fit to engage in underwater diving. I will not hold any of the Released Parties
responsible if I am injured or have any illnesses or medical problem which occurs while I am diving.
______ Initial

4. I am not taking, nor have I recently taken, any drugs or medication, either lawful or unlawful, that would
contraindicate diving. _____ Initial

5. Prior to leaving the dock, I will inspect all equipment to be used (whether personal or equipment belonging to
the Florida Public Archaeology Network) and before entering the water, I will notify the Diving Safety Officer,
Project Director, or Lead Diver (Dive Master) if any of my equipment is not functioning properly. _____ Initial

6. 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. ______ Initial

7. 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 from the Diving Safety Officer,
Project Director, or Lead Diver (Dive Master) immediately. I will follow the safety precautions outlined,
including but not limited to the following:
I will start my ascent at the end of each dive with enough air to perform a proper ascent with a safety stop and
I guarantee I will be on the surface with a minimum of 500 PSI remaining in the tank.
I will immediately stop my dive if:
- I feel uncomfortable with my diving abilities; and/or
8. I am aware of the danger of holding my breath while diving and of the dangers associated with rapid ascents. _____ Initial

9. If I become distressed on the surface, I will immediately drop my weight and inflate my buoyancy compensator (BC) for permanent flotation assistance; if I want or need assistance from the boat/dive platform or shore, I will give the proper “diver in trouble” signal. _____ Initial

10. I fully understand and am aware that the dive station/boat is equipped only with first aid supplies and that in the event of illness or injury appropriate medical help must be summoned by radio and that treatment will be delayed until I can be transported to a proper medical care facility. I will hold the Released Parties harmless and release them from all liability for their acts or omissions related to first aid treatment I receive or do not receive. _____________ Initial

11. I fully understand that any future diving operations and/or projects I may engage in as a result of this training is undertaken on my own initiative and I assume all risk in connection with those diving operations/projects. _____ Initial

12. I VOLUNTARILY ASSUME ALL RISK AS SET FORTH ABOVE, IN PARAGRAPH 3, IN CONNECTION WITH SCUBA DIVING ACTIVITIES. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE THE RELEASED PARTIES 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 RELEASED PARTIES. _____________ Initial

13. I HAVE READ THE FOREGOING IN ITS ENTIRETY; I UNDERSTAND THAT I AM RELEASING LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL AND CHOICE. I AGREE TO THE TERMS AND CONDITIONS HEREINABOVE SET FORTH ON BEHALF OF ME, MY HEIRS AND MY PERSONAL REPRESENTATIVES. I FURTHER ACKNOWLEDGE THAT I AM AT LEAST 18 YEARS OF AGE AND AM LEGALLY COMPETENT. _____ Initial

Diver Signature: ___________________________ Date: ____________________

Form of Identification Produced: ________________________________

Diver Last Name: ___________________ First Name: _______________ MI: ______

Address: __________________________________________

Number & Street Address       City       State       Zip

Email ________________________________

Home Phone #: ________________________ Work Phone #: ________________________

Certifying Agency: __________________________ Certification #: __________________________