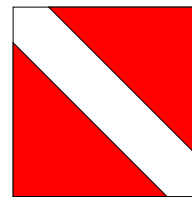




Dive Safety Office
 Louisiana Universities Marine Consortium
 8124 Hwy. 56, Chauvin Louisiana 70344;
 Voice: (985) 851-2834, Fax: (985) 851-2874
 email: divesafety@lumcon.edu,
www.lumcon.edu/diveprogram



Diving and Underwater Research Waiver, Release, and Indemnity Agreement

I AM AWARE THAT SCUBA DIVING AND UNDERWATER RESEARCH ARE HAZARDOUS ACTIVITIES, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

 Initial

I FURTHER UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM RELEASING ANY CLAIMS WHICH I MAY HAVE AGAINST MY INSTRUCTOR OR AGAINST LUMCON AS THE SPONSOR/PROMOTER OF THIS DIVING AND/OR UNDERWATER RESEARCH OPERATION, AND SUCH PERSONS ACTING AS LUMCON'S OFFICERS, EMPLOYEES, OR AGENTS FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND/OR WRONGFUL DEATH ARISING FROM MY PARTICIPATION IN THE DIVING/UNDERWATER RESEARCH ACTIVITIES I WISH TO ENGAGE IN BETWEEN THE DATES OF _____ AND _____, INCLUSIVE.

 Initial

I HEREBY PERSONALLY ASSUME ALL RISKS IN CONNECTION WITH SAID DIVING AND UNDERWATER RESEARCH FOR ANY HARM, INJURY OR DAMAGE WHICH MAY BEFALL ME AS A RESULT OF MY PARTICIPATION IN THIS ACTIVITY WHETHER FORESEEN OR UNFORESEEN, I STILL WISH TO PROCEED WITH THE DIVING/UNDERWATER RESEARCH ACTIVITY IN SPITE OF THE POSSIBLE ABSENCE OF A RECOMPRESSION CHAMBER IN THE PROXIMITY OF THE DIVE SITE.

 Initial

I HAVE READ THIS FORM AND FULLY UNDERSTAND THAT DIVING/UNDERWATER RESEARCH ARE DANGEROUS ACTIVITIES AND THAT BY SIGNING THIS FORM, I AM GIVING UP LEGAL RIGHTS THAT I HAVE.

 Initial

Participant Name	Participant Signature	Date
Witness Name	Witness Signature	Date