

**SCIENTIFIC DIVER ASSUMPTION OF RISK, WAIVER AND RELEASE**

(Read each paragraph and sign below)

I, \_\_\_\_\_, the undersigned, in consideration of the University of Maine System acting through the University of Maine (UMAINE) providing me with the opportunity to engage in scientific diving activities under UMAINE auspices, agree that:

\_\_\_\_\_  
(Initial) 1. **I fully recognize and appreciate the dangers and hazards inherent in diving to which I may be exposed during diving**, including but not limited to arterial gas embolism, ear and/or sinus barotrauma, decompression sickness, drowning, near-drowning, and/or dysbaric osteonecrosis and other long-term effects, as yet poorly defined, and also during transportation to and from dive locations. I do hereby agree to assume all the risks and responsibilities surrounding my participation in diving or any independent research or educational activities undertaken as an adjunct thereto;

\_\_\_\_\_  
(Initial) 2. **I understand that diving operations may be conducted at remote locations** at which a recompression chamber is not available and from which evacuation to such a chamber may be delayed by many hours.

\_\_\_\_\_  
(Initial) 3. **My participation in diving is voluntary**; that I have the right and responsibility to refrain from diving if I feel the activity or conditions are not safe, that my fitness is not adequate for the dive, or for any other reason. I understand I will not be penalized in my employment or academic record for any such refusal.

\_\_\_\_\_  
(Initial) 4. **My authorization to dive is a privilege granted upon compliance with UMAINE requirements.** I will follow the rules and precautions for conducting diving operations that are part of the requirements for my authorization to dive under UMAINE auspices, as set forth in the UMAINE Diving Safety Manual, as well as those procedures explained to me by the UMAINE Diving Officer, Lead Diver, or his/her agents. I understand that failure to comply may result in review, restriction, or revocation of my authorization to dive under University auspices by the UMAINE Diving Control Board.

5. **FURTHER, IF I PARTICIPATE IN DIVING ACTIVITIES THAT ARE NOT AN OFFICIAL ACT OF MY UMAINE EMPLOYMENT, OR IF I AM NOT A UMAINE EMPLOYEE:**

\_\_\_\_\_  
(Initial) a. **I do for myself, my heirs, executors, and administrators hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the University of Maine System, its trustees, officers, employees, agents, volunteers, and assigns from and against any and all claims, demands, and actions, or cause of action on account of damage to personal property, or personal injury or death which may result from my participation, **and with or without the fault or negligence of** the University, its trustees, officers, employees, agents, volunteers, and assigns during the period of my participation as aforesaid;

\_\_\_\_\_  
(Initial) b. **I agree to INDEMNIFY, DEFEND AND HOLD HARMLESS** the University of Maine System, its trustees, officers, employees, agents, volunteers, and assigns from and against any and all claims, demands, and actions for property damage or personal injury or death which may result from my participation **and with or without the fault or negligence of the** University, its trustees, officers, employees, agents, volunteers, and assigns during the period of my participation.

**I affirm that I have read this statement and fully understand that by signing this form I may be giving up legal rights and/or remedies regarding any losses I may sustain.** I agree that if any portion of this statement is held invalid, the remainder will continue in full force and effect. I agree that I have freely and voluntarily caused this release to be executed this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Diver Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_  
(if diver is under age 18)

Diver Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_