



FLORIDA PUBLIC  
ARCHAEOLOGY  
NETWORK

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

1. **In consideration of 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 UWF 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 do further agree to save and hold harmless the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of participation in the program offered or sponsored by the Released Parties for FPAN Diving Operations. \_\_\_\_\_ Initial**
3. **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 (ALTERNOBARIC VERTIGO, BARODONTALGIA, DECOMPRESSION SICKNESS, “THE BENDS”, DYSBARIC OSTEONECROSIS, EMBOLISM, ARTERIAL GAS EMBOLISM, CEREBRAL EMBOLISM, LUNG EXPANSION INJURY, PNUEMOMEDIASTINUM, PRESSURE ARRHYTHMIAS, TINNITUS, EUSTACIAN & INNER EAR DAMAGE, TYMPANIC MEMBRANE RUPTURE AND/OR HEARING LOSS; NON-BAROMERIC TRAUMA SUCH AS HYPERCAPNIA (CO<sup>2</sup> TOXICITY, NITROGEN NARCOSIS AND O<sup>2</sup> TOXICITY; DANGEROUS MARINE LIFE, DEHYDRATION, HYPOTHERMIA, DROWNING, ASPHIXIATION (RUNNING OUT OF AIR CAUSED BY IRRESPONSIBLE AIR MANAGEMENT OR SCUBA EQUIPMENT FAILURE) UNDERWATER INJURY AND THE ACTS OF FELLOW DIVERS. \_\_\_\_\_ Initial**
4. **I acknowledge that I am physically fit to engage in underwater diving. I will not hold any of the above named entities responsible if I am injured or have any illnesses or medical problem which occurs while I am diving. \_\_\_\_\_ Initial**
5. **I am not taking, nor have I recently taken, any drugs or medication, either lawful or unlawful, that would contraindicate diving. \_\_\_\_\_ Initial**
6. **Prior to leaving the dock, I will inspect all equipment to be used (whether personal or equipment belonging to the Florida Public Archeology 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**
7. **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**
8. **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
- Diving conditions are worse than those for which I have been trained or for which I have experience.

\_\_\_\_\_ Initial

9. I am aware of the danger of holding my breath while diving and of the dangers associated with rapid ascents.

\_\_\_\_\_ Initial

10. 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

11. 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. \_\_\_\_\_ Initial

12. 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

13. **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

14. **I HAVE READ THE FOREGOING IN ITS ENTIRETY AND HAVE BEEN GIVEN THE OPPORTUNITY TO HAVE AN ATTORNEY REVIEW THIS DOCUMENT BEFORE I SIGN; I UNDERSTAND THAT I AM RELEASING LEGAL RIGHTS AND SIGN OF MY OWN FREE WILL AND CHOICE. I AGREE TO THE TERMS AND CONSIDITIONS 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:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diver Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street Address City State Zip

**Email** \_\_\_\_\_ :

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Certifying Agency:** \_\_\_\_\_ **Certification #:** \_\_\_\_\_