

**SCUBA SCOUTS-ADULT
STATEMENT OF UNDERSTANDING/WAIVER AND RELEASE**

I _____ wish to participate in scuba
(print full name)
diving operations with the SCUBA SCOUTS program. The scuba diving will be staged off I III
FMRI/ FWCC vessel operated by FMRI/FWCC staff or other licensed boat charterer. Scuba diving
will be and supervised by FMRI/FWCC diving instructors or experienced dive leader(s).

I am thoroughly informed of the inherent hazards of skin and scuba diving. including the
equalization injuries, hyperbaric trauma decompression sickness, and other diving injuries.
Operation at sea include the possibility seasickness, falling down on die deck, and the risk of
drowning, Underwater, there arc risks from marine plants and animals and from the environment
(cold water, high seas. strong currents). The activity requires a person to be able to tolerate
strenuous physically activity. I hereby personally assume all risks in connection with the scuba
diving operation for any loss or ham. personal injury. death, property loss or damage which may
occur to me as a result of my participating ill the diving from risks that are foreseen or unforeseen.

I hereby agree to release. discharge. and hold harmless The Florida Marine Research Institute/Fish
& Wildlife Conservation Commission, the staff, employees or agents of FMRI/FWCC, SCUBA
SCOUTS members. adult leaders and vessel operators (collectively die release parties) from all
liability and for any and all claims that I may have for loss or harm. personal injuries, wrongful
death. or property damage caused by the released parties, either active, passive, or otherwise. I
understand that this is a contract sue. I agree to save and hold harmless the released panics from
any claim or lawsuit that may be brought at any time by me, my family, my child and his/her estate,
heirs, or arising from if)" on this scuba diving program.

I have read this Statement of Understanding/Waiver and Release. I understand the terms of this
document, understand that I am waiving the right to sue by signing it, and sign it freely and
voluntarily, without relying on any inducement or statement other than its terms. It is intent that this
document shall be a full and unconditional waiver of claims and release, to the fullest extent allowed
by law.

Diver's Signature: _____ DATE: _____

Witness Signature: _____ DATE: _____

Parent/Legal Guardian of Diver Signature _____ DATE: _____

I am signing this document on behalf of my minor child and myself. I have read and understand
this document and agree to be bound by all of its terms for the duration of his/her involvement in
this program.

Witness Signature for Parent: _____ DATE _____