

Old Dominion University Academic Diving Program

ODU SCIENTIFIC DIVER ASSUMPTION OF RISK, WAIVER AND RELEASE

For Old Dominion University Faculty, Staff and Students

(Read each paragraph, and sign below)

I, _____, the undersigned, in consideration of the Old Dominion University (ODU) providing me with the opportunity to engage in scientific diving activities under ODU auspices, for the period beginning (mo/yr)

_____ I agree that:

- ◆ **I am responsible for my own behavior and well-being.** I acknowledge that I have been informed of the nature of this activity, and I understand that it may involve risks to my personal safety.
- ◆ **I am 18 years old or older.**
- ◆ **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. I understand that it may involved risks to my personal safety. Such risks include, but are not limited to: automobile accidents, boating accidents, swimming accidents, snorkeling or diving accidents, hazards in the field and other elements. **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;**
- ◆ I agree to inform the Diving Safety Officer **in writing** of any medical conditions, allergies, or medications that may influence my participation or safety.
- ◆ **In exchange for being permitted to participate, I hereby release the University, ODUADP (Old Dominion University Academic Diving Program), AAUS (American Academy of Underwater Sciences), and their regents, officers, employees, agents and volunteers from any claim for personal injury or damage to, or loss of, my property which may occur as a result of or arising out of my participation in the ODUADP, except where any such injury, damage or loss is the direct result of the intentional misconduct of any regents, officers, employees, agents and volunteers of ODU, ODUADP, and AAUS. Old Dominion University is a Institution of Higher Education of Virginia and this limitation as to Old Dominion University is to the extent permitted by the Virginia Tort Claims Act.**
- ◆ **My authorization to dive is a privilege granted upon compliance with ODU requirements. I agree to abide by any and all rules set forth by ODU, ODUADP and AAUS.** I will follow the rules and precautions for conducting diving operations that are part of the requirements for my authorization to dive under ODU auspices, as set forth in the ODU Diving Safety Manual and I agree to strictly observe these rules. I understand that failure to comply may result in review, restriction, or revocation of my authorization to dive under University auspices by the ODU Diving Control Board. I understand that the University, ODUADP, and AAUS reserve the right to exclude my participation in this activity if I am at any time disruptive or if, for any other reason, my behavior or non-compliance is deemed detrimental to the safety and welfare of myself or others.
- ◆ **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.
- ◆ **I also acknowledge that I am participating in this activity of my own free will**
- ◆ **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 of safety. I understand I will not be penalized in my employment or academic record for any such refusal.

I affirm that I have read this form 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 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 date, _____,

(Date)

(Diver Signature)

(Parent or Guardian, if Diver is under age 18) / Witness if over 18

(Print Diver Name)

(Print Name, Parent or Guardian) / Witness if over 18