

## Scientific SCUBA Diver Liability Waiver

In consideration of WCUMSS permitting me to use its diving equipment and facilities, I \_\_\_\_\_, on behalf of myself, my executors, administrators, heirs and assigns, do hereby release and discharge WCUMSS, the Universities, their employees and agents from all claims and demands that, my executors, administrators, heirs and assigns may have for any injury, including that resulting in death, however caused, sustained by me or suffered by me while using the said diving equipment and facilities including – but without limiting the generality of the foregoing - injury sustained by me by reason of negligence of WCUMSS, the Universities, their employees and agents. I hereby confirm that I have been provided with an opportunity to read the WCUMSS regulations relating to diving, and recognize that it is my responsibility to maintain safety in my diving activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_