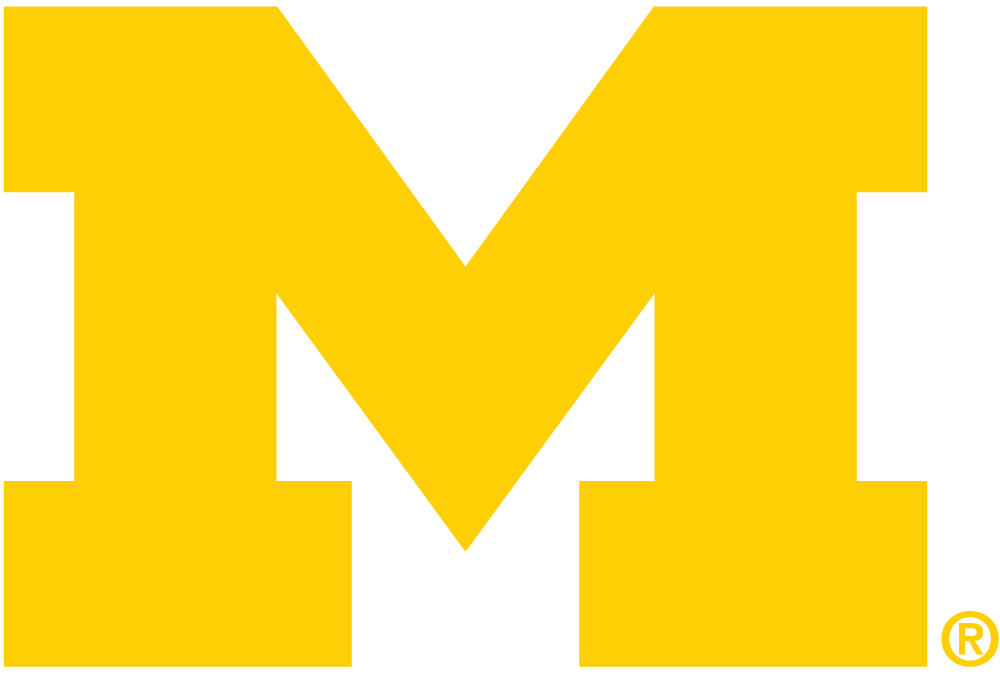
**UNIVERSITY OF MICHIGAN AUTHORIZED DIVER**



**RELEASE AND ACKNOWLEDGEMENT OF RISK**

I openly and willfully acknowledge that I am well aware and thoroughly informed of the inherent hazards and risks associated with underwater diving, related surface support activities, and pressurization in a hyperbaric chamber. I am aware that I could sustain serious and life-threatening injuries as a result of participating in underwater diving and related surface swimming and pressurization in a hyperbaric chamber including, but not necessarily limited to, temporary or permanent partial or complete paralysis, sexual dysfunction, short term or lifelong disability, near drowning, drowning, or death from some other diving-related cause. Further, I am aware that injuries can occur that require treatment in a hyperbaric chamber. I further understand that diving activities, which are a necessary part of my diving training or employment-related diving, may be conducted at sites that are remote, either by time or distance or both, from hyperbaric chambers and competent medical assistance, and nonetheless I agree to proceed with diving and related training activities.

I hereby personally assume all risk in connection with underwater diving, associated surface swimming, pressurization in a hyperbaric chamber, and related medical intervention for any harm, injury, or death that may befall me as a result of participation in such activities or associated activities, whether foreseen or unforeseen. Further, I elect to participate in underwater diving and associated activities in spite of the possible absence of a hyperbaric chamber or competent medical assistance in proximity of the dive site.

I acknowledge that I have informed my family and loved ones (including my spouse or partner, as appropriate) of the risks associated with diving and the potential consequences of injury from diving including, but not necessarily limited to, short term or lifelong disability, loss of sexual partnership, and death.

By executing this document, I acknowledge and agree that I release the Diving Control Board, the Diving Safety Coordinator, the University designated instructors, and the Regents of the University of Michigan, a Michigan constitutional corporation, from any and all claims arising from or related to my underwater diving and associated surface swimming, diver support activities, pressurization in a hyperbaric chamber, and related medical assistance that may result in injury, damage, or death to me or my family, heirs, estate, or assigns; that I waive on my behalf and on behalf of my family, heirs, estate, or assigns any and all claims of any nature whatsoever against the aforementioned individuals and entities related in any way to my diving; that in consideration for being allowed to participate in diving activities, I hereby personally assume all risks in conjunction with such activities for any and all injuries, damage, or death that may befall me while I am participating in such activities, including all risk connected therewith, whether foreseen or unforeseen; and further that I save and hold harmless the aforementioned individuals and entities from any and all claims by me and my family, estate, heirs, or assigns, arising out of my participation in underwater diving, associated surface swimming, diver support activities, pressurization in a hyperbaric chamber, and related medical assistance. The release in this paragraph applies to any and all diving related claims, known and unknown, contingent and otherwise, except to the extent claims arise from the gross negligence or willful misconduct of others.

Further, I am aware that I have the right to refuse to dive if, in my opinion, the conditions are unfavorable or unsafe for diving; I am experiencing physical or emotional problems that may be a contraindication to safe participation in diving; the diving equipment, task requirements, or environmental conditions exceed my level of training or experience; or participating in a dive would violate the dictates of proper diving safety procedures.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document of my own free act.

It is my intention in signing this instrument to fully exempt and release the Diving Control Board, the Diving Safety Coordinator, University designated instructors, and the Regents of the University of Michigan from any and all liability for personal injury, property damage, or wrongful death in connection with my diving activities except to the extent arising from the gross negligence or willful misconduct of others.

***I have fully informed myself of the contents of this affirmation and release by reading it before I signed it.***

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*Witness Signature Date Employee/Student Signature Date*