Scientific Diver Guide Consent

I, ________________________________, on behalf of myself, my Executors and Administrators, have familiarized myself with the University of Victoria Guide for Scientific Diving Safety and do hereby confirm that I am participating in the underwater phase of the teaching and/or the research program of the University of Victoria with the full knowledge of the risks incidental thereto. I accept these risks and release University of Victoria from and against all claims and demands which I or my Executors and Administrators may have, excepting benefits accruing by reason of coverage under insurance programs pertaining at University of Victoria, arising out of, or as a consequence of, my participation in underwater activities.

Date __________________________ Signature _____________________________________