



## RELEASE AND WAIVER FORM

*(To be completed only by University of Illinois students, faculty, and staff)*

Diver's Name: \_\_\_\_\_  
*(Please print name)*

Diver's University Identification Number (UIN): \_\_\_\_\_

The undersigned, being 18 years of age or older, for and in consideration of the granting of permission by the University of Illinois Urbana Champaign Scientific Diving Control Board to engage in scientific diving under the auspices of the University of Illinois Urbana-Champaign, hereby holds harmless and releases and forever discharges the Board of Trustees of the University of Illinois, its agents and employees (University), from all claims of liability for any and all trauma, injury, damage expense, handicap, disability, or death which might or does result from my participation in the scientific diving expedition described above, and performed under the auspices of the University of Illinois Urbana-Champaign.

I understand that I assume all risks incurred by my participation in this scientific diving expedition. I understand that this diving expedition may expose the undersigned to certain risks or injury, or death, and the undersigned freely and voluntarily assumes any and all such risks which might result from participation in this activity. Such injury or death could be the result of one or more of the following, which itemization is not exclusive: inadequate supervision or training, improper equipment, improper permission granted to the undersigned,

Diver's Signature: \_\_\_\_\_

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

### Scientific Diving Control Board

Office of the Vice Chancellor for Research & Innovation | Division of Research Safety  
102 Environmental Health and Safety Building | 101 S. Gregory St., MC-225 | Urbana, IL 61801  
[drs@illinois.edu](mailto:drs@illinois.edu) | 217-333-2755 | [www.drs.illinois.edu](http://www.drs.illinois.edu)