



**STATEMENT OF VOLUNTARY CONSENT
GENERAL RELEASE AND WAIVER OF LIABILITY**

In consideration of my participation in **Scientific Diving, Archaeological Fieldwork, and Boating Activities**, and for other good and valuable consideration received by me, receipt of which is hereby acknowledged,

I _____, and in the event that the undersigned is under eighteen (18) years of age, the undersigned's parent and/or guardian having actual knowledge and conscious appreciation of the particular dangers involved in SCIENTIFIC DIVING and in the activities described herein, including, but not limited to: **COMPRESSED GAS DIVING, ARCHAEOLOGICAL SURVEY AND EXCAVATION, AND BOATING ACTIVITIES**, do hereby volunteer consent to my participation in (or in the event the undersigned is under eighteen (18) years of age, the minor's parent and/or guardian), the aforementioned activity and assume the risks arising therefore, as well as hereby hold(s) harmless and release(s) and forever discharge(s) the Lighthouse Archaeological Maritime Program, Inc. (LAMP) and its Board of Directors, the St. Augustine Lighthouse and Museum, Inc. and its Board of Directors, the LAMP Scientific Diving Control Board, the LAMP Diving Officer and any and all agents, officers, assistants and employees, either in their individual capacities or by reason of their relationship to the Lighthouse Archaeological Maritime Program, Inc., the St. Augustine Lighthouse and Museum, Inc., and their Boards of Directors, and their successors, from any and all claims and demands whatsoever, which the undersigned and any of them and their heirs, representatives, executors and administrators thereof, or any other persons acting in their behalf, or in behalf of their respective agents, have or may have against the said Board of Directors of the St. Augustine Lighthouse and Museum, Inc., or the Board of Directors of the Lighthouse Archaeological Maritime Program, Inc., or any or all of the aforementioned persons or their successors, by reason of any accident, illness, injury or death, or any other consequences arising or resulting directly or indirectly from participation in SCIENTIFIC DIVING, ARCHAEOLOGICAL FIELDWORK, AND BOATING ACTIVITIES under the auspices of the Lighthouse Archaeological Maritime Program, Inc., and occurring during said participation, or at any time subsequent thereto. I understand that dive sites may be remote and that a recompression chamber may not be readily available, and I understand and choose to assume the risks of diving in the absence of a recompression chamber.

I HEREBY further declare and represent that I am on notice, this being evidence and acknowledgment thereof, that the Lighthouse Archaeological Maritime Program, Inc. and the St. Augustine Lighthouse and Museum, Inc. have no medical insurance that covers me, or in the event the undersigned is under eighteen (18) years of age, that the Lighthouse Archaeological Maritime Program, Inc. or the St. Augustine Lighthouse and Museum, Inc. has no medical insurance that covers my minor child, and it has been strongly recommended to me that I or my minor child obtain medical insurance prior to the aforesaid SCUBA DIVING activities are performed.

FINALLY, I HEREBY declare and represent that in making, executing and tendering this Statement of Voluntary Consent, General Release and Waiver of Liability, I fully understand and acknowledge that I am relying wholly upon my own judgment, belief and knowledge of the circumstances involved in my or my minor child's participation in the described activity, and that I have read this statement, understood its contents, and executed it of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on this _____ of _____, _____.

(WITNESS SIGNATURE)

(SIGNATURE OF PARTICIPANT)

(WITNESS SIGNATURE)

(SIGNATURE OF PARENT OR GUARDIAN)