

**APPENDIX 8
PARTICIPANT INFORMATION FORM**

Principal Investigator: _____ Mission #: _____
Duration of Participation: From ____ / ____ / ____ To ____ / ____ / ____
Name of Participant: _____ Birth Date: _____
Home Address: _____
City and State: _____
Zip Code: _____ Phone #: _____
Institution: _____ Phone #: _____
In An Emergency, Notify: _____ Relationship: _____
Home Phone #: _____ Work Phone #: _____
Address: _____
City and State: _____ Zip Code: _____
Insurance Company's Name: _____

Will you be covered by your employer's Workman's Compensation Policy during the period that you will be participating in FIU research activities (Circle one)?

Yes No

I understand that marine related activities, including boating and diving, are strenuous activities that require stamina and good health as essential prerequisites for my safety and wellbeing. I understand and agree that there are risks and hazards inherent to boating and diving activities that include the possible consequences of serious injury or death. I hereby confirm that I have no emotional or health problems incompatible with boating and diving activities. I understand that I need the approval of a licensed physician to conduct diving activities, and that I should seek the approval of a physician if I am uncertain as to my physical fitness for the rigors of boating activities. I understand that I may be required to seek approval from a physician if there is a health or safety question relative to my condition before being allowed to participate in boating or diving activities.

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I understand that the availability of medical emergency assistance will be limited or non-existent while participating in at-sea research activities, and that successful treatment of injuries requires early and immediate treatment. Consequently, FIU often provides staff that are certified to render immediate basic, and when available, advanced life-support care for all medical emergencies occurring during boating and diving activities. I have read the above statement and affirm that it is correct, and being fully informed of the possibility of injury and even death during boating and diving activities, I do hereby grant qualified FIU staff permission to treat any injury that may occur including first aid, cardio-pulmonary resuscitation, emergency oxygen first aid, recompression therapy, and transfer to a medical facility for treatment by a physician.

Check the appropriate blank for any that applies to you, and explain under remarks.

1. Motion sickness	12. Diabetes	23. Hay fever
2. Hospitalized	13. Tuberculosis	24. Asthma
3. Serious Injury	14. Bronchitis	25. Trouble equalizing pressure in sinuses/ears
4. Back problems	15. Claustrophobia	26. Frequent colds or sore throat
5. Physical handicap	16. High blood pressure	27. Severe or frequent headache
6. Regular medication	17. Respiratory problems	28. Ear or hearing problems
7. Allergies, including drugs	18. Persistent cough	29. Alcohol or drug problems
8. Dizziness or fainting	19. Pregnant	30. Mental or emotional problems
9. Epilepsy	20. Chest pains	31. Current communicable disease
10. Heart trouble	21. Contact lenses	32. Rejected from an activity for medical reasons
11. Sinus trouble	22. Dental plates	33. Any medical problem not listed

Print or type remarks:

I certify that the above information is correct to the best of my knowledge. I further understand that treatment for any medical problems I may suffer is my responsibility and will be paid for by me.

Signature of Participant

Date

If participant is a minor (under 18 years of age), a parent or guardian must also sign this form.

Signature of Parent/Guardian

Date

APPENDIX 9
RELEASE OF LIABILITY WAIVER

FLORIDA INTERNATIONAL UNIVERSITY (FIU)
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNIFICATION FOR
BOATING, DIVING, RESEARCH AND RELATED ACTIVITIES

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate in the _____ (the “Mission”) at the Aquarius Reef Base located off of the coast of Islamorada, Florida, which, along with the related on-shore and off-shore facilities supporting the Aquarius Reef Base (collectively, the “ARB”) is operated by FIU, I hereby agree as follows:

I am voluntarily participating in the Mission and related activities, including but not limited to, boating and boating related activities, snorkeling, skin diving, scuba diving, surface-supplied diving and/or saturation diving, housing/accommodations, as well as the use of any of ARB facilities and equipment and all additional ancillary activities to the above items (collectively, the “Mission Activities”).

I, _____, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of Florida, The Florida International University Board of Trustees, FIU, the Florida Board of Governors and their respective officers, directors, employees, representatives, trustees, agents, students and volunteers (collectively, the “Releasees”), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Mission or the Mission Activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

I fully understand that there are inherent risks and hazards associated with the Mission and the Mission Activities, including, but not limited to, possible injury, illness, paralysis, permanent disability or loss of life to me or to my property. I understand that the Mission Activities are inherently dangerous and I have made the decision to participate despite the inherent dangers. I understand the nature of the Mission and the Mission Activities I will be undertaking, I agree no one has a better understanding of my experience and capabilities, and I hereby represent and affirm that I am qualified and able to participate in the Mission and the Mission Activities. I understand I can and will immediately decline to participate further in the Mission or the Mission Activities in the event that I deem them unsafe for my participation. I further understand that by participating in the Mission and the Mission Activities, I will be interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the inherent risks and hazards associated with the Mission and the Mission Activities, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation. I acknowledge that my participation in the Mission and the Mission Activities is purely optional and I am freely and voluntarily participating; if a student, that I will receive no academic or other credit for such participation; and that I am in no way required to participate.

I further hereby agree to defend, indemnify, and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels (collectively, “losses”) that Releasees may incur as a proximate result of any negligent or deliberate act or omission on my part during my participation in the Mission or in the Mission Activities, including but not limited to any damage which I directly or indirectly cause to the ARB or to the surrounding aquatic habitat, including but not limited to, damage to sea coral or other aquatic ecosystems in and around the ARB. I further expressly agree that this Release of Liability, Waiver of Claims, Assumption of Risk and Indemnification (Agreement) is intended to be as broad and as inclusive as the Laws of the State of

Florida will allow, and that, if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding the invalid portion, continue in full force and effect.

In signing this Agreement, I acknowledge and represent that I have read and understand it; that I sign it voluntarily and for full and adequate consideration, fully intending to be bound by the same; and that I am at least eighteen (18) years of age and fully competent. I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me.

I further represent and state that I am not relying on any oral or written representation or statements made by the Releasees, other than what is set forth in this Agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Florida.

I HAVE READ THIS AGREEMENT, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

Signature	Date	Printed Name
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Title

Organization

Address

WITNESS (PRINTED) _____

WITNESS SIGNATURE _____

DATE _____

Place an X next to the activity (ies), environment(s), and equipment for which you have diving experience:

- | | | |
|---|--|--|
| <input type="checkbox"/> Ocean | <input type="checkbox"/> Surface supplied air | <input type="checkbox"/> Dry suit |
| <input type="checkbox"/> Lakes | <input type="checkbox"/> Surface supplied HeO ₂ | <input type="checkbox"/> Hot-water suit |
| <input type="checkbox"/> Rivers | <input type="checkbox"/> Mixed gas diving | <input type="checkbox"/> Band mask |
| <input type="checkbox"/> Altitude | <input type="checkbox"/> Surface decompression | <input type="checkbox"/> Full-face mask scuba |
| <input type="checkbox"/> Strong current | <input type="checkbox"/> Decompression diving | <input type="checkbox"/> Twin scuba tanks |
| <input type="checkbox"/> Cold-water | <input type="checkbox"/> Recompression chamber | <input type="checkbox"/> U/W still photography |
| <input type="checkbox"/> Tropical water | <input type="checkbox"/> Saturation (air) | <input type="checkbox"/> U/W video photography |
| <input type="checkbox"/> Ice diving | <input type="checkbox"/> Enriched Air Nitrox | <input type="checkbox"/> Helmet diving |
| <input type="checkbox"/> Wreck diving | <input type="checkbox"/> 5' or less visibility | <input type="checkbox"/> Lift bags |
| <input type="checkbox"/> Cave diving | <input type="checkbox"/> Jacket-type B.C. | <input type="checkbox"/> Night diving |

Have you ever experienced decompression sickness, air embolism, or other diving accident(s)?

No Yes

If yes, fill in details:

Date _____ Location _____

Dive profile: Depth _____ fsw / Bottom time _____ min.

Equipment used _____ Type problem _____

Physical symptoms observed _____

Initial treatment _____

Follow-up treatment or problems _____

Have you been cleared to resume diving by a qualified Diving Physician?

Yes No Physician's Name: _____

Your signature _____

Date: _____