

STATEMENT OF UNDERSTANDING: COVID-19 UF DIVING OPERATIONS

I have read and understand the University policies and procedures as stated in the following documents:

- ☐ Statement of Voluntary Consent, General Release and Waiver of Liability
- ☐ The University of Florida Diving Science and Safety Program AAUS Standards for Scientific Diving Manual

Additionally, I have read and understand the University policies and procedures specific to the COVID-19 Pandemic in the following documents:

- ☐ Requirements for Approval of Diving Operations during the COVID-19 Pandemic
- ☐ Operational Guidance and Requirements relating to UF Dive Operations during the COVID-19 Pandemic

I have read and had each of the above explained to me. All questions I may have had have been answered to my satisfaction. I agree to abide by the policies and conditions contained in these documents. In addition, I further understand that failure to follow any of the policies established by the UF Diving Science and Safety Program or the UF Diving Safety Board may lead to my suspension from diving activities or revocation of permission to dive under UF auspices.

I **UNDERSTAND AND AGREE** that diving during the COVID-19 Pandemic may have additional risks such as limited and/or no access to emergency medical services and limited and/or no coverage by various programs of insurance such as worker's compensation.

Name (print clearly)

Signature

Witness Name

Witness Signature

Date

Parent or Legal Guardian Signature
(if diver is under the age of 18)