

FLORIDA INTERNATIONAL UNIVERSITY
RELEASE AND ASSUMPTION OF RISK

Research Mission (Trainees & Visiting Scientist)

The Florida International University, _____ has provided the opportunity to
(Department)
observe and/or participate in a research mission offered by Florida International University in Miami, Florida
scheduled to take place between _____ and _____.
(Date) (Date)

I, _____, the undersigned, in consideration of the opportunity to observe and/or participate in this *Research Mission* do hereby voluntarily release, discharge, waive and relinquish any and all actions or causes for personal injury, property damage, or wrongful death occurring to me arising as a result of my participation in this *Research Mission*, or any activities incidental thereto wherever or however the same may occur.

The sole purpose of my observation / participation in this research mission is for scientific purposes only and prohibits any operations related to the watercraft.

I, for myself, my heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for me and for my estate, and agree that under no circumstances will I or my heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNIVERSITY, STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, and their respective officers, employees and agents, whether the same shall arise by the negligence of any said persons, or otherwise.

It is my intention by this instrument to exempt and relieve THE FLORIDA INTERNATIONAL UNIVERSITY BOARD OF TRUSTEES, FLORIDA INTERNATIONAL UNIVERSITY, STATE OF FLORIDA, THE FLORIDA BOARD OF GOVERNORS, and their respective officers, employees and agents, from liability for personal injury, property damage, or wrongful death caused by negligence.

I am fully aware of risks and hazards associated with my participation in this *Research Mission* and I am fully aware that there may be risks and hazards unknown to me. I am fully aware that these risks may include property loss or damage and/or illness, injury or accident that may cause death, paralysis, mental incapacitation or permanent disfigurement.

I, the undersigned, being 18 years of age or older, have read this Release and Assumption of Risk and understand all of its terms. I have been given an opportunity to ask questions about this waiver and I execute it voluntarily and with full knowledge of its significance.

Observer/Participant
(Trainee/Visiting Scientist)

Witnesses:

Name (Print)

Name (Print)

Signature

Date

Signature

Date