



## Memorial University Release and Waiver Form

I, \_\_\_\_\_, on behalf of myself, my executors and administrators, do hereby confirm that I am participating in the underwater phase of a research or training program with Memorial University of Newfoundland with the full knowledge of the ordinary risk's incidental thereto. I accept these risks and release Memorial University of Newfoundland from and against all claims and demands which I or my executors and administrators may have, excepting benefits accruing by reason of coverage under insurance programs pertaining at Memorial University of Newfoundland, arising out of, or as a consequence of, my participation in underwater activities

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_

Please submit completed form to [dso@mun.ca](mailto:dso@mun.ca)