



WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Waiver: In consideration of permitted to participate in any way small vessel operations, I for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The University of West Florida, its officers, employees, and agents from liability **from any and all claims including the negligence of The University of West Florida, its officers, employees, and agents,** resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, participation in small vessel operations.

_____	_____	_____
Signature of Participant	Participant's Printed Name	Date
_____	_____	_____
Witness	Witness Printed Name	Date

Assumption of Risks: Participation in small vessel operations carries with it inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary with each activity, but can range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in small vessel operations. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The University of West Florida HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in small vessel operations and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend my signature to be a complete and unconditional release of all liability** to the greatest extent of the law.

_____	_____	_____
Signature of Participant	Participant's Printed Name	Date
_____	_____	_____
Witness	Witness Printed Name	Date



SMALL VESSEL OPERATOR APPLICATION

PLEASE PRINT

Date _____

NAME (Last, First)	UWF ID#	D.O.B.
ADDRESS Street	City	State
PHONE NUMBER	EMAIL	
DEPARTMENT/INSTITUTE	MAJOR PROFESSOR/ SUPERVISOR	
EMERGENCY CONTACT	Relationship	PHONE

PRACTICAL CHECKOUT LIST (50 HP OR LESS)

- 1) Successfully and satisfactorily complete a safe boating course issued and approved by the state of Florida.

Course Name _____ **Date Completed** _____
Card ID # _____

- 2) Schedule Practical checkout with MSC staff; practical skills to be demonstrated include:

- | | |
|--|--|
| <input type="checkbox"/> File a vessel request with MSC
<input type="checkbox"/> Arranging for a tow Vehicle
<input type="checkbox"/> Scheduling for a pick up at MSC
<input type="checkbox"/> Properly filling out float plan
<input type="checkbox"/> Performing all pre-departure checks
<input type="checkbox"/> Trailer light connection & check
<input type="checkbox"/> Test start vessel
<input type="checkbox"/> Travel to launch site
<input type="checkbox"/> Back trailer into launch
<input type="checkbox"/> Launch vessel & tie vessel to dock
<input type="checkbox"/> Park tow vehicle & trailer
<input type="checkbox"/> Take vessel away from dock | <input type="checkbox"/> Test ride in open water
<input type="checkbox"/> Maneuver vessel around buoy
<input type="checkbox"/> Safely return to dock & tie up
<input type="checkbox"/> Back trailer down & load vessel
<input type="checkbox"/> Pull boat out & ready for travel
<input type="checkbox"/> Refill fuel (& oil if applicable)
<input type="checkbox"/> Safely return to MSC
<input type="checkbox"/> Wash vessel & flush engine
<input type="checkbox"/> Store all MSC equipment
<input type="checkbox"/> Park vessel in proper location
<input type="checkbox"/> Disconnect & block trailer
<input type="checkbox"/> Return tow vehicle safely |
|--|--|

Checkout performed by: _____ Date: _____

I _____ (print name) feel that I can safely and professionally operate and maintain a MSC vessel/trailer while in my possession.

Signed: _____ Date: _____