Southeastern University
Drone Operation Waiver and Release of Liability
Operator's Full Name: _____
Date: _____

I, _____[Operator's Name], hereby acknowledge and agree to the following terms and conditions as a prerequisite for operating a drone on the property identified above:

1) **Acknowledgment of Understanding and Agreement**
   I acknowledge that I have read, understood, and agreed to abide by the guidelines established for drone operation on Southeastern University premises. I understand that compliance with these guidelines is mandatory.
2) **Agreement to Follow All Laws and Regulations Governing Drone Operations**
   I agree to comply with all local, state, and federal laws and regulations governing drone operation, including but not limited to, airspace restrictions, registration requirements, and privacy laws.
3) **Commitment to Safe and Responsible Operation**
   I commit to operating the drone safely and responsibly at all times. I will take necessary precautions to prevent accidents, damages, and injuries during drone operations.
   a) Any drone accidents, damage to property, or injuries caused by drone operation during events organized through Event Services (i.e., summer camps, rental events, etc.) shall immediately be reported to Event Services personnel.
   b) Any drone accidents, damage to property, or injuries caused by drone operation for any other authorized events on campus shall immediately be reported to Security by calling 863-667-5190.
4) **Certificate of Insurance (COI) Requirements**
   - General Liability with a drone endorsement or Unmanned Aerial System (UAS or Drone) policy
   - $1,000,000 liability limit
   - Southeastern University is listed as an additional insured
5) **Registration and License Requirements**
   I acknowledge that I have submitted the proof of registration and pilot certifications for all aircraft and remote pilots that will be used for this operation. I understand that the use of any aircraft or pilots for which documentation has not been submitted may result in the suspension or revocation of my permission to operate drones on the specified property. The following documents must be submitted for review and approval to _____ at least ___ days prior to operation:
   - Drone Registration
   - Pilot License/Certification
6) **Release of Liability**
   I hereby release Southeastern University, its officers, employees, agents, and representatives from any liability for accidents, damages, injuries, or losses that may occur as a result of my drone operation on Southeastern University premises. I understand that I am solely responsible for any harm or damage that may arise from my actions.
7) **Agreement to Indemnify and Hold Harmless**
   I agree to indemnify and hold harmless Southeastern University, its officers, employees, agents, and representatives from any legal claims, liabilities, costs, or expenses, including attorney's fees, arising from or related to my drone operation on Southeastern University premises. I assume full responsibility for any legal consequences resulting from my actions.

I understand that failure to comply with these terms and conditions may result in the suspension or revocation of my permission to operate drones on the specified property.

What is the intended use/purpose of the drone operation and images captured?

_____

_____

_____

Pilot's Name _____License # _____

If I fly a privately-owned UAS on Southeastern University's campus or at college-sponsored events, I assume all responsibility for damages and injuries caused by my UAS.

I understand that flying a UAS is a dangerous activity, and while flying a UAS not owned by Southeastern University, I am knowingly and voluntarily assuming all risks involved with operating my UAS on Southeastern University's campus and at college-sponsored events. I will hold harmless and indemnify Southeastern University for any injuries, including physical, emotional, and invasions of privacy claims. I agree to hold harmless and indemnify Southeastern University for any and all damages to my UAS or any related equipment.

I have read and will comply with all Southeastern University policies related to UAS usage. I will keep the Southeastern University registration certificate with me at all times when operating my UAS on Southeastern University's campus.

Operator's Signature: _____ Date: _____

[Operator's Full Name (Printed):] _____ Date: _____

Witness Signature: _____ Date: _____

[Witness Full Name (Printed):] _____ Date: _____