



GROUP NAME _____

NON-DIVER

Perpetual Minor Release, Waiver Of Liability, Negligence, Assumption of Risk Agreement and Hold Harmless Agreement

In consideration of the opportunity afforded to me to participate in any activity on the following described real property located in Marion County, Florida, to wit: The north 145 yards of the southeast 1/4 of sec. 9, Township 14 Range 20 east, known as Forty Fathom Grotto and owned by Hal and Jan Watts and leased to and operated by **COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.**, a Florida corporation.

PARENT
 GUARDIAN

PARENT
 GUARDIAN

(I) (We), the undersigned, _____ and (I) _____

**PRINT PARENT(S)/GUARDIAN(S)
FULL LEGAL NAME CLEARLY HERE**

being the parent(s), guardian(s) and or custodian(s) of: _____,
an unmarried child under the age of **EIGHTEEN** (18) years, **HEREBY AGREE AS FOLLOWS:**

**PRINT CHILD'S FULL LEGAL
NAME CLEARLY HERE**

- INITIALS _____ 1. Knowingly, freely, and voluntarily, for (my) (our) self, (my) (our) heirs, personal representative and assigns, **WAIVE** any right or cause of action of any kind whatsoever, arising as a result of (my) (our) minor being on the premises, boats or docks, or in the water, which any liability may accrue to the **COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.**, their agents, servants, officers, instructors, employees and/or lessor .
- INITIALS _____ 2. Assume all risk of injury to (my) (our) child, including but not limited to, death by drowning or other accidents, and to my property, while participating in any activities incidental thereto.
- INITIALS _____ 3. For (myself) (ourselves) and (my) (our) heirs, personal representatives, or assigns, from the date of this **RELEASE** and **WAIVER AGREEMENT** and forever hereafter, hold the said **COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.**, their agents, servants, officers, instructors, employees and/or lessor, harmless and blameless for any injury to (my) (our) child, including death, occasioned by (my) (our) child's presence and/or participation in any activities, whether resulting by or through **NEG-LIGENCE** of the **COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.**, their agents, servants, officers, instructors, employees and/or lessor. Should (I) (we), (my) (our) heirs, personal representatives, or assigns, institute any action against the **COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.**, their agents, servants, officers, instructors, employees and/or lessor, arising out of injury to (my) (our) child or property, as a result of (my) (our) child's presence and/or participation in any activities, then and in that event, (I) (we) for (my) (our) self and (my) (our) heirs, legal representatives and assigns, **HEREBY AGREE** to pay all costs of such action, including attorneys fees incurred by them.

SIGNED under seal this: _____ day of _____, 20_____.

SIGNATURE OF PARENT(S)/GUARDIAN(S)

SIGNATURE OF WITNESS

Contact Information *(please print clearly)*

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS/PO BOX			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PHONE WITH AREA CODE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	E-MAIL	

Witness Contact Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS/PO BOX			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PHONE WITH AREA CODE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	E-MAIL	

Emergency Contact Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS/PO BOX			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
PHONE WITH AREA CODE	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> MOBILE	E-MAIL	