



40 Fathom Grotto

9487 NW 115th Ave • Ocala, FL 34482 • (352) 368-7974 • www.40FathomGrotto.com

GROUP NAME

Perpetual 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.

PRINT YOUR FULL LEGAL NAME CLEARLY HERE

I, the undersigned, _____ being over the age of **EIGHTEEN (18)** years, **HEREBY AGREE AS FOLLOWS:**

- INITIALS 1. Knowingly, freely, and voluntarily, for myself, my heirs, personal representative and assigns, **WAIVE** any right or cause of action of any kind whatsoever, arising as a result of my being on the premises or boat or my participation in any form of scuba diving, whether on **OPEN CIRCUIT, CLOSED CIRCUIT** or **SEMI-CLOSED CIRCUIT**, while breathing **AIR, NITROX, TRIMIX** or any other **COMPRESSED GASSES**, 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 myself, including but not limited to, death by drowning or other accidents such as air embolism, the bends, and any other related diving injuries, and to my property, while participating in swimming, scuba diving, or any activities incidental thereto.
- INITIALS 3. I am aware that scuba diving is **INHERENTLY DANGEROUS** and **I ASSUME ALL RISKS** related to such an activity. I further understand that such activities may take place at remote areas and a recompression chamber, which may be used to treat any injuries I may receive, may not be close by. Being aware of such risk, I still choose to participate in scuba diving.
- INITIALS 4. For myself and my 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 myself, including death, occasioned by participation in scuba diving activities, whether resulting by or through **NEGLIGENCE** of the **COMMERCIAL DIVING ACADEMY OF JACKSONVILLE, INC.**, their agents, servants, officers, instructors, employees and/or lessor. Should I, my 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 myself or property, as a result of scuba diving, then and in that event, I for myself and my 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 PARTICIPANT

SIGNATURE OF WITNESS

Diver 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 | |

Diver Certifications Check here if a student

Recreational Diver Certifications *(Check highest level)*

Open Water Advanced Rescue DM/AI Instructor

Certifying Agencies *(Check all that apply)*

NAUI PADI SDI SSI Other: _____

Specialty/Technical Certifications *(Check all that apply)*

EANx Advanced EANx/Deco Trimix Rebreather Cave(rn)

Certifying Agencies *(Check all that apply)*

GUE IANTD PSAI TDI Other: _____

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 | |