



**40 Fathom Grotto**

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

GROUP NAME

# NON-DIVER

## Perpetuatal 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, 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 myself, 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 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 my presence and/or participation in any 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 presence and/or any activities, 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

### 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	