



FLORIDA ADDENDUM NOTICE TO THE MINOR CHILD'S PARENT OR NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF

STORE/RESORT

, AND/OR PADI AMERI-

CAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS, USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM

STORE/RESORT

, AND/OR PADI AMERI-

CAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND

STORE/RESORT

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CAS, INC., OR ANY OF THEIR AFFILIATE AND SUBSIDIARY CORPORATIONS, RESPECTIVE EMPLOYEES, OFFICERS, AGENTS, CONTRACTORS, INDEPENDENT CONTRACTORS, DIVE PROFESSIONALS, INSTRUCTORS AND ASSIGNS HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Parent or Natural Guardian (where applicable)

Date (Day/Month/Year)

Please identify minor child/children participants below:
(Minor Child means person under the age of 18)

Minor Child Name

Birth Date (Day/Month/Year)