



**NOTICE TO THE MINOR  
CHILD'S NATURAL GUARDIAN**

*Who should fill out this Addendum and when should it be used:*

- 1. The Natural Guardian of any minor (under 18 years of age) at the start of a training course or supervised activity under the: Scuba Diving International, Technical Diving International, or First Response Training International brands.
- 2. The Natural Guardian of a minor (under 18 years of age) participant in a training course or supervised activity taking place in the state of Florida.
- 3. This Addendum *does not replace* the applicable liability release form but is to be used in conjunction with.
- 4. This Addendum must be completed, in conjunction with the applicable liability release form, prior to the start of any training or supervised activity involving a minor in the state of Florida.

**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** (name of released party or

parties) \_\_\_\_\_ **USES**

**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** (name of released party or parties) \_\_\_\_\_

**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** (name of

released party or parties) \_\_\_\_\_ **HAS**

**THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU**

**DO NOT SIGN THIS FORM.**

**By my signature, I release all claims that both they and I have.**

**No alterations, changes, omissions or revisions may be made.**

Print Minors full name \_\_\_\_\_

Natural Guardian's signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day / Month / Year

Printed name of Natural Guardian \_\_\_\_\_