

**Indian Springs Guide**  
**RELEASE AND WAIVER OF LIABILITY AGREEMENT**

IN CONSIDERATION of the opportunity afforded to me to participate in actual spring and cave diving, with SCUBA gear, or other apparatus, such opportunity afforded to me at my specific request, in the springs and/or sinkholes located on the following described real property in WAKULLA COUNTY, FLORIDA, to-wit:

YMCA CAMP INDIAN SPRINGS located in Wakulla County Florida whose mailing address is 2387 Bloxham Cutoff Road Crawfordville Florida 32327, to include but not limited to all structures, paths, roads, buildings, springs, lakes, rivers, spring runs contained on afore mentions property with access to the aforementioned property being specifically granted to The Indian Springs Guide Association and in recognition of the possible dangers to which I may voluntarily and willingly subject myself in participating in cave diving, with SCUBA gear, or other underwater apparatus.

I, the undersigned, (please print) \_\_\_\_\_  
Being a Indian Springs Guide Association, in good standing, and am also over the age of eighteen (18) years, HEREBY AGREE AS FOLLOWS:

- 1) Knowingly, freely and voluntarily, for myself, my heirs, personal representatives and assigns, WAIVE any right or cause of action, of any kind whatsoever, arising as a result of my participation in cave diving, with SCUBA gear, or any other underwater apparatus, in any and all waters located on or adjacent to, said described real property, from which any liability may or could accrue to Camp Indian Springs , The Indian Springs guide Association, and -----  
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- 2) Assume all risks of injury to myself, including death by drowning or other accidents, and to my property, while participating in cave diving, or in any activities incidental thereto;
- 3) Assume all risks of injury to myself, and to my property, while present at cave diving activities;
- 4) Acknowledge that persons have perished while participating in diving activities at the above mentioned property, including one that was due to a geological event and in no way under control of the diver.
- 5) For myself and my heirs, personal representatives, or assigns, from the date of this release and waiver agreement, and forever hereafter, hold the said YMCA Camp Indian Springs. and The Indian Springs Guide Association, harmless and blameless for any injury to myself, including death, occasioned by my participation in, or presence at, cave diving activities, whether resulting by or through the negligence of and YMCA Camp Indian Springs and The Indian Springs Guide Association., arising out of injury to myself and my heirs, legal representatives and assigns, HEREBY AGREE to pay all cost of such action, including attorneys fees incurred by them;
- 6) Hereby declare that I, the undersigned, am a fully trained Cave Diver holding a rating of same under the NACD, GUE, NAUI, YMCA, IANTD, or NSS-CDS.

BY SIGNING THIS RELEASE, I AM INDICATING MY INTENT TO ENGAGE IN ACTIVITIES THAT ARE DANGEROUS IN NATURE, AND MAY RESULT MY DEATH OR INJURY. I AM ALSO STATING THAT I UNDERSTAND THESE RISKS, HAVE FULLY EXPLAINED THEM TO MY FAMILY, HEIRS, REPRESENTATIVES, AND ASSIGNS, AND IT IS MY WISH TO PROCEED WITH THESE ACTIVITIES. I AM RELEASING AND HOLDING HARMLESS AND BLAMELESS FOR ANY INJURY TO MYSELF, INCLUDING DEATH, THAT MAY RESULT FROM MY PARTICIPATION IN OR PRESENCE AT ANY CAVE DIVING OR DIVING RELATED ACTIVITY AT THE ABOVE MENTIONS LOCATION WHEATHER THROUGH THE NEGLIGENCE OF MYSELF, CAMP INDIAN SPRINGS, THE INDIAN SPRINGS GUIDE ASSOCIATION AND /OR AND GUIDE AS LISTED ABOVE.

WITNESS my hand, Seal this date, \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

PRINT: \_\_\_\_\_