



2021 Southern Open Minor's Waiver of liability

NAME of Participating Minor: _____

Must be filled out completely. Please note that there will be absolutely no refunds. Personal information (phone, Email) etc. is only for use internally by the FSDA .

PLEASE READ EACH OF THE FOLLOWING STATEMENTS AND PARENT OR GARDIAN WILL INITIAL ON THE LINE BESIDE EACH STATEMENT THAT YOU and THE MINOR BOTH HAVE READ AND UNDERSTAND THE STATEMENT.

Also initial and date the bottom of each page.

_____ I have read the rules of the tournament and I agree to abide by these rules

_____ I am under the age of 18 and my legal guardian authorizes my entry in this tournament in writing.

_____ I hereby acknowledge that if weather conditions turn to small craft advisories or small craft warnings, it is my responsibility to monitor weather radio and seek safe harbor if conditions warrant.

_____ I hereby acknowledge that I am aware of the dangers involved in boating, breath-hold diving, scuba diving, handling all types of fish including Lionfish, and spearfishing in general. Further, I am choosing to participate in this event during the global COVID-19 pandemic and am taking precautions to protect myself and those around me.

_____ I am aware that these tournament activities require physical exertion and stress.

_____ I am aware that the boat captain is responsible for the safe operation of the boat and the safety of the passengers therein.

_____ I am participating in these activities with the full knowledge of, and the acceptance of all the risks these activities entail, and the dangers involved.

_____ I am voluntarily participating in this tournament.

_____ I willingly agree to accept the risk of injury, disability, physical and/or emotional suffering, property damage and/or death to others and myself.

Parent or Guardian's Initials

Date _____

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_____ I understand that the Florida Skin Divers Association (FSDA) and the Suncoast Seals of Florida, Inc may use photographs and video of me or my fish to promote spearfishing and the tournament, and I agree to allow said use without compensation.

_____ I agree that I, my survivors, beneficiaries, heirs and personal representatives, will not and may not seek any compensation, damages, legal costs, or expenses, including attorney fees, from the FSDA, FSDA officers, FSDA tournament director, FSDA members, Widow Fletcher's , The Suncoast Seals, the FSDA member dive clubs, the dive club officers, their members, or any FSDA individual members, and all FSDA volunteers and any and all sponsors and advertisers of this tournament for any injury, property damage, or death, suffered by myself or others as a result of my participation in this spearfishing tournament.

Name of minor participant(Printed)*: _____

Date of birth :

Signature: _____

Date: _____

Parent/Guardian printed name*: _____

Parent/Guardian signature: _____

Date: _____

Mail in or may be submitted at Captain's meeting

MAIL TO:

Scott Morris
1022 Hiawatha Pl.
Holiday, FL 34691

Parent or Guardian's Initials

_____ Date _____

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