

Devil's Den Spring
5390 NE 180th Avenue
Williston, FL 32696

To Whom it May Concern:

I, _____, (parent/guardian printed name) hereby give my consent for the instructor/guide Scott Davenport, and any of the respective employees, officers, agents or assigns of Earth Immersion, LLC, to take my child/ward, _____, scuba diving and/or snorkeling at Devil's Den and to sign the liability waiver on my behalf.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Notary Signature

Date

Notary Printed Name

Notary Seal

