

LIABILITY RELEASE & ASSUMPTION OF RISK



I _____ hereby declare that I am aware that freediving has inherent risks, which may result in serious injury or death. I still choose to participate in the freediving activities with AI (APNEA INTERNATIONAL)

I understand and agree that neither AI nor any of their respective employees, officers, agents, contractors or assigns (herein after referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in freediving activity with AI or as a result of the negligence of any party, including the Released Parties whether passive or active.

In consideration of AI allowing me to participate in the freediving activity, I hereby personally assume all risks of the experience, whether foreseen or unforeseen, that may befall me while I am freediving with

I declare that I am in good mental and physical fitness for freediving and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra indicatory to freediving. I declare that if requested as a result of completion of the Medical Statement, I have seen a physician and have approval to freedive.

I further declare that I am of lawful age and legally competent to sign this liability release.

I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained therein.

Signature of participant: _____

Date of signing: _____

Signature or participant's parent or guardian: _____

MEDICAL STATEMENT For Freediving Courses



Please read carefully before signing.

Participant's Name _____ Date _____
(Day/Month/Year) Birth Date _____ (Day/Month/Year) Sex **M F**

Freediving is a demanding activity and can be strenuous and you need to be in good health to participate. If you have any questions as to whether or not you are fit to freedive, consult with your physician.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in freediving activities. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while freediving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a **YES** or **NO**. If you are not sure, answer YES. If any of these items apply to you, you must consult with a physician prior to participating in freediving.

CONDITION	Y/N
Any history of seizure disorder, stroke, brain surgery, repeated black outs or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels	
Any cardiovascular Conditions: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure	
Any history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe	
Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in ear- drums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery	
Any history of sinus Conditions: Tumour, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection	
History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing	
Any history of diabetes?	
Pregnancy: If you are presently pregnant or planning to be pregnant	
Any history of a diving accident, decompression sickness, pressure injury (barotrauma) to the ear, or recurrent difficulty equalising pressure in the ear during descent, or air embolus?	
Medication: Any medication taken on a regular basis either over-the-counter or prescribed by a physician excluding birth control or anti-malaria.	
General Medical Problems: Any physical and/or emotional condition not mentioned that might effect your safety in an underwater environment or affect your judgment under times of physical or emotional stress.	

MEDICAL STATEMENT For Freediving Courses



The information I have provided about my medical history is accurate to the best of my knowledge.

I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Participant's signature _____ Date _____
(day/month/year)

Parent/guardian signature _____ (when applicable)

Date _____ (day/month/year)

For the Medical Practitioner to complete in the event a **Y** was ticked

YOUR OPINION OF THE APPLICANT'S MEDICAL FITNESS FOR FREEDIVING IS REQUESTED.

I find no medical conditions that I consider incompatible with freediving.

I am unable to recommend this individual for freediving.

Physician _____

Physician's signature _____

Date (DD/MM/YYYY) _____

Phone _____

Clinic/Hospital _____

