



# LIABILITY AND ASSUMPTION OF RISK

## TO AIDA INTERNATIONAL AND AIDA INSTRUCTOR

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 \_\_\_\_\_.

I understand and agree that neither my instructor \_\_\_\_\_ nor AIDA International, 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 AIDA International or as a result of the negligence of any party, including the Released Parties whether passive or active.

In consideration of AIDA International 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 contraindicatory to freediving. I declare that if requested as a result of completion of the AIDA 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 of participant's parent of guardian\*:**

\_\_\_\_\_

\*If the participant is aged less than 18 years