# FREEDIVE MEDICINE LLC

## WATER-RELATED ACTIVITIES & CLASSES LIABILITY WAIVER AND RELEASE OF CLAIMS

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Course/Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### 1. Assumption of Risk

I acknowledge that participating in water-related activities and classes, including but not limited to swimming, freediving, snorkeling, scuba diving, rescue training, or other aquatic instruction, carries inherent risks. These include, but are not limited to: drowning, shallow water blackout, hypoxia, barotrauma, equipment failure, slips or falls, exposure to marine life, and adverse weather or water conditions.  
  
I understand and accept these risks voluntarily, knowing they may result in serious injury, illness, permanent disability, or death.

### 2. Medical Declaration

I affirm that I am in good physical health and have no known medical conditions that would interfere with my ability to safely participate in water-related training. I will disclose any relevant health concerns to the instructors prior to participation.  
  
I understand that certain medical conditions (such as heart or lung disease, seizures, or recent surgeries) may increase my risk and must be discussed with a healthcare provider prior to participation.

### 3. Waiver and Release

In consideration of being allowed to participate in water-related activities conducted by Freedive Medicine LLC, I hereby release, waive, and discharge Freedive Medicine LLC, its owners, instructors, volunteers, agents, and affiliates from any and all liability, claims, demands, or causes of action arising from my participation, regardless of cause, including negligence.  
  
This waiver covers all injuries, damages, or losses, including those resulting from emergency response delays or inadequate rescue efforts.

### 4. Responsibility and Conduct

I agree to follow all instructions, safety guidelines, and training protocols as provided by Freedive Medicine LLC staff. I understand that failure to do so may result in increased risk of harm or removal from the activity.  
  
I will not participate under the influence of alcohol, drugs, or medications that may impair my ability to function safely.

### 5. Emergency Medical Care

In the event of an emergency, I authorize Freedive Medicine LLC to administer first aid and obtain emergency medical treatment on my behalf. I accept responsibility for any costs related to such care.

### 6. Media Release (Optional)

☐ I grant permission for Freedive Medicine LLC to use photographs or video taken during the course for promotional or educational purposes.

☐ I do not grant permission.

### 7. Severability

If any portion of this waiver is deemed unenforceable, all remaining provisions shall remain in full effect.

I HAVE READ AND UNDERSTOOD THIS LIABILITY WAIVER. I AM SIGNING IT VOLUNTARILY AND WITH FULL AWARENESS OF ITS LEGAL CONSEQUENCES.

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is under 18:

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_