# FREEDIVE MEDICINE LLC

## OUTDOOR COURSE LIABILITY WAIVER AND RELEASE OF CLAIMS

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

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

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

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

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

### 1. Acknowledgment of Risk

I understand that participation in outdoor courses and activities conducted by Freedive Medicine LLC may involve inherent risks including, but not limited to, physical exertion, environmental exposure, heat or cold-related illness, uneven terrain, contact with wildlife, slips, falls, and other hazards associated with wilderness and outdoor environments.

I voluntarily choose to participate with full knowledge of the risks involved and acknowledge that these risks could result in injury, illness, property damage, or death.

### 2. Medical Fitness

I certify that I am physically fit and have no medical condition that would prevent my safe participation in this course. I agree to inform the instructors of any medical condition or concern that may affect my ability to participate.

### 3. Release of Liability

In consideration of being allowed to participate in courses or activities provided 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 that may arise from participation, whether caused by negligence or otherwise.

This release includes, without limitation, any claims for personal injury, illness, property damage, or wrongful death.

### 4. Indemnification

I agree to indemnify and hold harmless Freedive Medicine LLC from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities brought as a result of my participation in any course or activity.

### 5. Consent to Treatment

In the event of a medical emergency, I authorize Freedive Medicine LLC to administer first aid and/or seek emergency medical treatment on my behalf, and I agree to be financially responsible for any resulting costs.

### 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 part of this waiver is found to be invalid or unenforceable, the remainder shall continue in full force and effect.

I have read this liability waiver in full and understand its contents. I am signing this document freely and voluntarily.

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

If participant is under 18:

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

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