

## Apneista free-diving liability release & assumption of risk

I, \_\_\_\_\_ (print name) hereby affirm that I have been thoroughly informed of the risk involved with any freediving / breath-hold activity.

### Initials

_____	I understand that freediving / breath-holding underwater may involve inherent risks, including but not limited to hypoxia, marine life injuries, barotraumas, shallow water blackout, drowning or hyperbaric accidents. Treatment of a freediving / breath-hold diving accident victim with these or other injuries may require immediate medical attention and / or hyperbaric oxygen therapy.
_____	I specifically understand that the risk of shallow water blackout is inherent of freediving / breath-hold diving activities, and that I still intend to participate in freediving / breath-hold diving. I agree that I will not freedive / breath-hold alone; I will always freedive with a qualified surface support freediver at all times.
_____	I understand that neither my trainers at Apneista nor anyone else working with Apneista (hereinafter referred to as the released parties) may be held liable or responsible in any way for any injury, death or other damages to myself, my family, heirs that may occur as a result of my participation in this freediving / breath-hold course or as a result of the negligence of any party, including the Released Parties, whether passive or active.
_____	I agree to hold harmless the Released Parties from any claim or lawsuit by myself, my family, estate, heirs or assigns, arising during or after I complete the freediving / breath-hold course.
_____	I understand that any diving activities are physical strenuous and that I will be exerting myself during this freediving / breath-hold dive, and I expressly assume the risk of any and all injuries, and I will not hold the Released Parties responsible if I am injured as a result of heart attack, panic, hypoxia, hyperventilation, oxygen toxicity, decompression illness, gas embolism, drowning or any other causes of injury or death not specifically stated herein.

It is the intention of \_\_\_\_\_ (print name) by this written document to exempt and release all of the Released Parties as defined herein, from all liability whatsoever for personal injury, property damage or wrongful death however caused, including but not limited to the negligence of the Released Parties, whether active or passive.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MY HEIRS AND MYSELF.

Participant Signature

Signature Date

\_\_\_\_\_

## Apneista medical statement

**Important: Please read carefully before signing:** Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physiological conditions. This questionnaire has been developed to make you aware of these conditions. The purpose of a medical statement is to find out, if you should be examined by a doctor before participating in any freediving activity / events. Please read each question carefully and answer them accurately. Please explain any "yes" answer on the backside of this questionnaire. A positive answer will not necessarily exclude you from training with Apneista or learning to freedive . But it will require a medical clearance from a physician. This form and your answers will be kept confidential.

### Medical History

_____	<b>NEUROLOGICAL CONDITIONS</b> – Any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain's blood vessels.
_____	<b>CARDIOVASCULAR CONDITIONS</b> – Heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure.
_____	<b>PULMONARY CONDITIONS</b> – Any history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breath.
_____	<b>EAR CONDITIONS</b> – Permanent holes of the eardrums, history of ruptured eardrum, severely impaired hearing or hearing loss in one or both ears, or ear surgery.
_____	<b>SINUS CONDITIONS</b> – Tumor, polyps, cysts of the sinus cavities or nasal passages, sinus surgery, or persistent sinus infections
_____	<b>ASTHMA</b> – History of asthma or asthma attacks, history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any conditions requiring medications and/or use of an inhaler for control of wheezing.
_____	<b>DIABETES MELLITUS</b> – Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires insulin or oral medication for control. Any form of Diabetes that is unstable or produces episodes of hypoglycemia (low blood sugar reactions) hyperglycemia (extremely high blood sugar) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also, of history of elevated blood sugar during pregnancy.
_____	<b>PREGNANCY</b> – Are you presently pregnant?
_____	<b>FREEDIVING / SCUBA DIVING CONDITIONS</b> – Previous history of a diving accident, decompression sickness, decompression of the inner ear air embolus.
_____	<b>MEDICATION</b> – Do you take any medication on a regular basis either over the counter or prescribed by a physician?
_____	<b>GENERAL MEDICAL PROBLEMS</b> – 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.

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

Participant Signature

Signature Date

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**Medical Questionnaire Notes:**