

### **AIDA Hellas**

## LIABILITY RELEASE & ASSUMPTION OF RISK

#### READ CAREFULLY

Please read this document carefully because signing it indicates you are waiving certain legal rights. If you have any questions, ask any member of the support staff, or an attorney, before initialing a paragraph to signify your understanding. Print when filling in the blanks and initial each paragraph before signing your name at the end of this waiver.

I,	(Print name clearly) hereby affirm that I
have been thoroughly informed of the risk involved	d with any free diving/breath-hold diving activity.
I understand that free diving/breath-holding un	nderwater may involve inherent risks, including but not
limited to hypoxia, marine life injuries, barotrauma	a, shallow water blackout, drowning or hyperbaric accidents.
Treatment of a free diving/breath-hold diving accident	
immediate medical attention and/or hyperbaric oxy	
	tion that is remote, either by time, distance or both, from a
	oose to proceed with my free dive/breath-hold dive in
•	or recompression chamber is not close by in the event I
am injured.	
	ow water blackout is inherent to free diving/breath hold
	e in free diving/breath-hold diving. I agree that I will not
	dive with a qualified surface support free diver with me at
all times.	
I understand and agree that neither AIDA Hel	· · · · · · · · · · · · · · · · · · ·
	of Apnea (AIDA), nor the municipality of Faliro, nor the
	fficers, agents and employees or volunteers (hereinafter
	e or responsible in any way for any injury, death, or other
	t may occur as a result of my participation in this free
dive/breath-hold dive or as a result of the negligent passive or active.	ce of any party, including the Released Parties, whether
•	te in this free dive/breath-hold dive training/competition, I
	ith it, for any harm, injury, or damage that may befall me while
	, including all risks connected therewith, whether foreseen or
unforeseen.	
I agree to hold harmless the Released Parties	from any claim or lawsuit by myself, my family, estate,
heirs or assigns, arising out of my participation in t	his free dive/breath-hold dive, including any and all
claims arising during my practicing and any arising	g during or after I complete the free dive/breath-hold
dives.	



# **AIDA Hellas**

# LIABILITY RELEASE & ASSUMPTION OF RISK PAGE 2 of 2 READ CAREFULLY

I understand that any diving activities are physically strenuous and that	
this free dive/breath-hold dive, and I expressly assume the risk of any and a	
Released parties responsible if I am injured as a result of heart attack, panic	
oxygen toxicity, decompression illness, gas embolism, drowning or any oth	er cause of injury or death not
specifically stated herein.	
I release and grant full and unencumbered rights to the released partie	
filmed/videotaped/recorded image including any edited, revised or modified	
name, voice and/or likeness, for purposes of promotion, advertising, training	g materials and trade in any and
all media anywhere in the world at any time without limitation.	
I am aware of the prerequisite skill level and/or equivalent diving exp	erience necessary to participate in this
free dive/breath-hold dive, and I stipulate that I meet these requirements.	
I understand that I am responsible for supplying my free diver/breath-l	hold diving equipment in proper
operating condition, regardless of where I obtained it or from whom.	
I understand that all the terms herein are contractual, they are not a me	
document is done of my own free act and in so doing, I waive my legal righ	
I state that I am of lawful age and legally competent to sign this liabil	
written consent of my parent or legal guardian to engage in this free dive/br	reath-hold dive under the
conditions of this waiver as stipulated by their signature below.	
It is the intention of(	(print name) by this written
document to exempt and release all of the Released Parties as defined herei	n, from all liability whatsoever
for personal injury, property damage or wrongful death however caused, in-	cluding but not limited to the
negligence of the Released parties, whether passive or active.	
I HAVE FULLY INFORMED MYSELF OF THE CONTE	NTS OF THIS LIABILITY
RELEASE AND ASSUMPTION OF RISK BY READING IT B	EFORE SIGNING IT ON
BEHALF OF MYSELF AND MY HEIRS.	
Signature	Date
Signature of Parent or Guardian (if under 18 years of age)	Date
Address	Phone
Witness	Date