



**SALTFREE DIVERS**  
BEGIN WITH A BREATH OF FRESH AIR

## Freediver Registration

<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Mobile Tel</b>	
<b>Next of Kin name</b>	
<b>Next of Kin Mobile Tel</b>	
<b>AIDA Cert Level</b>	
<b>Date of First Aid</b>	
<b>Date of Medical</b>	
<b>Cold Water PB FI</b>	
<b>Cold Water PB CW</b>	
<b>Cold Water PB CWNF</b>	



## LIABILITY RELEASE AND ASSUMPTION OF RISK

### TO: SALTFREE DIVERS, THE OWNERS AND OPERATORS OF THE NATIONAL DIVING AND ACTIVITY CENTRE, CHEPSTOW AND THE OWNERS AND OPERATORS OF ANY OTHER LOCATION USED FOR DIVING WITH SALTFREE DIVERS

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I, \_\_\_\_\_ hereby declare that I am either an experienced freediver and am familiar with safe diving practices appropriate to freediving, or am undergoing training and will follow closely my instructor's advice. 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 SALTFREE DIVERS.

I understand and agree that neither SALTFREE DIVERS nor AIDA International, nor the National Diving and Activity Centre 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 SALTFREE DIVERS or as a result of the negligence of any party, including the Released Parties whether passive or active.

In consideration of SALTFREE DIVERS 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 SALTFREE DIVERS.

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 contra-indicatory to freediving. I declare that if requested as a result of completion of the RSTC 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: \_\_\_\_\_