

Ocean Hunter Deep Obsession 08 ***Auckland 15-16 November 2008***

Information sheet

General

The competition is intended as an event to suit divers' needs with respect to achieving world rankings, gaining experience in freediving competition and HAVING FUN.

There is no minimum standard required to compete. The organiser would like to welcome and encourage the participation of new divers and with this aim in mind the organisers are introducing a "Recreational Grade", (RG). We recommend that new divers use the competition as a learning experience and the opportunity to get involved, make new friends and maybe set a new personal best. This event is really focused around personal achievement rather than competition and incorporates a few social events.

There will be two competition days consisting of one pool discipline on day 1 and one depth discipline on day 2.

The first day (Saturday 15th) will be a pool competition and will be held at Lagoon Leisure and Fitness, Panmure. Divers competing for AIDA ranking may choose which discipline they wish to compete in from dynamics, dynamics without fins or statics.

The second day (Sunday 16th) will be a depth competition and will be held at Lake Pupuke. Divers competing for AIDA ranking may choose which discipline they would like to compete in from constant weight, constant weight without fins and free immersion. A depth limit of 50m will be placed on competitors.

Recreational Grade

Divers competing in the Recreational Grade (RG) will compete in similar disciplines but will be judged according to simplified rules. For example athletes in the RG can take longer than 15 seconds to perform their surface protocol and can be encouraged by the judges.

Divers competing in the RG depth competition will be limited to 20 metres. However, additional points can be accrued by performing a 'hang' time at their nominated depth of up to 1 minute. A briefing on the simplified rules will be provided prior to the event.

Entry/Nominations

The event chosen will be part of the diver's nomination the evening before. Any special requests can be submitted with the nomination and the organiser will attempt to accommodate the diver's needs where ever possible.

Please note that ***late entries and nominations will not be accepted.***

Organiser No Bubbles

Administrators Ruth Griffin
Ph: 021 21 71724
Email: ruth.griffin@gmail.com

Phil Clayton
ph 021 630 631
Email: nofinsphil@gmail.com

Judges: Fran Rose E/B in learning
Philip Clayton

NZL
GBR

Ant Williams	NZL
Guy Brew	NZL
Tracy Russell	NZL

Medic: Joy Cottle ph: 021 438 569

Men's and women's competitions have been announced separately to allow judges to compete.

Please refresh your knowledge of the rules at
<http://www.aida-international.org/aspportal1/scripts/v11.2-eng.pdf>

Diving Venues

Lagoon Leisure and Fitness Swimming Pool

29 Lagoon Drive, Panmure

The pool is 33m long. It is 1.1m deep at the shallow end and 1.4 m deep at the deep end. Competition dives will be performed in the side lane allowing divers to come up on the wall.

http://www.nzymca.com/panmure/index.php?branch_id=17

Lake Pupuke

Lake Pupuke Clubrooms, North Shore Rowing Club, 1a Northcote Rd, Takapuna

<http://www.sportsground.co.nz/ClubSite.asp?SiteID=113&PageTypeID=1&PageID=166>

Lake Pupuke is a freshwater lake occupying a volcanic explosion crater between the suburbs of Takapuna and Milford on the North Shore of Auckland, New Zealand. Separated from the sea by less than 200 m at one point, it has a circumference of about 4.5 km and reaches 57m in depth. It is popular for recreational activities and lakefront property.

Competition Schedule

Wednesday 12th November:

5pm entries close

Friday 14th November:

6pm nominations for Saturday close

Saturday 15th November:

Lagoon Leisure and Fitness, Panmure

DYN or DNF – These disciplines will be run first
STA

12:15 pm	officials' briefing
12:30 pm	competitors' briefing
1:00 pm	warm ups
1:45 pm	first top time
6 pm	finish (subject to change)

7pm BBQ at Phil and Jacqui's, 173 Portland Road, Remuera, Auckland

9 pm nominations for Sunday close

Sunday 16 November:

Lake Pupuke

CW, CNF, FIM

11.30 am competitors' briefing
12.00 noon warm ups
12:30 pm first top time
4:00 pm finish

7:45 – 9.00 Come along and play a friendly game of underwater rugby, no experience necessary, mixed teams. Contact Phil for more details.

Entries

No late entries will be accepted. Entries are to be received by 5pm on 12th November 2008.

Entry requires the following to be submitted to the organiser:

Entry form
Signed liability release form
Copy of medical certificate of non-contradiction to freediving, less than 12 months old
Fees paid

Entries should be either:

scanned and emailed to: ruth.griffin@gmail.com
faxed to +64 9 909 5739
or posted to Ruth Griffin, 71 Tahapa Crescent, Meadowbank, Auckland 1072

Fees

Competition fees will be \$40 for entry plus \$20 per dive. So, if you're entering for the whole weekend it will be \$80.

The competition fee covers pool hire and entry, officials' costs, competition requirements and barbecue for yourself and supporters.

Fees need to be received on or before entries close: 5pm, 12th November. They should be direct credited to:

Account name: No Bubbles (2007) Ltd
Account number: 06 0222 0186314-00
Please reference your name and "Alkcomp"

Please note:

All participants must be current members of AIDA NZ. Membership is from April 2008 – March 2009 and costs \$100. The full amount must be paid if the athlete wishes to obtain an AIDA ranking.

Athletes competing in the recreational grade can pay a one-off \$30 fee.

Overseas athletes can choose to join AIDA NZ or pay a one off fee of \$50.

If not already paid, please direct credit funds to:

Account name: AIDA New Zealand Inc
Account number: 38-9007-0470620-00
Please reference your name and "subs".

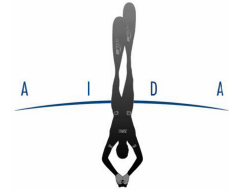
Nominations

Nominations should be sent by the time specified in the schedule via:

email to ruth.griffin@gmail.com
or text or call to 021 2171724



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Entry form

Participant's info:

Name: _____

Address: _____

Phone: _____ (cell) _____ (hm) _____ (wk)

Date of birth: _____ Nationality: _____ Gender: _____

Emergency contact info:

Name: _____

Phone: _____ (cell) _____ (hm) _____ (wk)

Relationship: _____

Circle days of participation: Saturday Sunday

Entry fee: \$ 40

Number of dives: _____ @ \$20 each \$ _____

Total fee payable: \$ _____

Number of people attending barbecue: _____

Please tick:

- I agree to be filmed/photographed throughout the competition and the footage being retained and used by AIDA, AIDA NZ or No Bubbles for promotional purposes.
- I have read the information sheet.
- I have paid my subs to AIDA NZ.

Participant Signature

Date

Please return completed entry form with medical certificate, liability release form and entry fee by 5pm Wednesday 12th November 2008 as outlined on information sheet.



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Liability Release and Assumption of Risk Form

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

_____ (initial) I understand that freediving/breath holding underwater may involve inherent risks including but not limited to hypoxia, loss of motor control, shallow water blackout, deep water blackout, drowning, marine life injuries, barotraumas or hyperbaric accidents. Treatment of a freediving/breath holding diving accident victim with these or other injuries may require immediate medical attention and /or hyperbaric oxygen therapy.

_____ (initial) I specifically understand that the risk of loss of motor control and shallow water blackout is inherent of freediving/breath holding diving activities and that I still intend to participate in freediving/breath holding diving. I agree that I will not freedive/breath hold alone; I will always freedive with a qualified surface support freediver with me at all times.

_____ (initial) I understand and agree that No Bubbles nor OceanHunter, its Directors, employees or volunteers nor any of their respective officers, agents and employees or volunteers may be held liable or responsible in any way for any injury, death or other damages to myself, my family, heirs or assign that may occur as a result of my participation in this freedive/breath hold dive or as a result of the negligence of any party, whether passive or active.

_____ (initial) 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.

_____ (initial) I understand that any diving activities are physically strenuous and that I will be exerting myself during this freediving/breath hold dive. 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 cause 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.

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

Participant Signature

Date

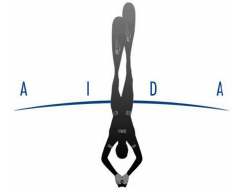
Signature of Parent/Guardian (if aged 16-17 years)

Date



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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 in you have certain physiological conditions. This statement has been developed to make you aware of these conditions.

The purpose of a medical statement is to find out about any pre existing conditions which may limit you participating in any freediving/breath hold activity. 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 participating in the competition. You will also require a medical clearance from a physician. This form and your answers will be kept confidential.

Medical History	Yes	No
1) NEUROLOGICAL CONDITIONS Any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches or aneurysm of the brain's blood vessels.	<input type="checkbox"/>	<input type="checkbox"/>
2) CARDIOVASCULAR CONDITIONS Any heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure.	<input type="checkbox"/>	<input type="checkbox"/>
3) PULMONARY CONDITIONS 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.	<input type="checkbox"/>	<input type="checkbox"/>
4) EAR CONDITIONS Permanent holes of the eardrums, history of ruptured eardrum, severely impaired hearing or hearing loss in one or both ears or ear surgery.	<input type="checkbox"/>	<input type="checkbox"/>
5) SINUS CONDITIONS Tumour, polyps, cysts of the sinus cavities or nasal passages, sinus surgery, or persistent sinus infections.	<input type="checkbox"/>	<input type="checkbox"/>
6) ASTHMA 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.	<input type="checkbox"/>	<input type="checkbox"/>
7) DIABETES MELLITUS Especially Type I Diabetes (insulin dependant) or Type II Diabetes which requires insulin or oral medication for control. Any form of Diabetes that is unstable or produces episodes of hypoglycaemia (low blood sugar reactions) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also a history of elevated blood sugar during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>
8) PREGNANCY Are you presently pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
9) FREEDIVING/SCUBA DIVING CONDITIONS Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus	<input type="checkbox"/>	<input type="checkbox"/>
10) MEDICATION Do you take any medication on a regular basis either over the counter or Prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
11) GENERAL MEDICAL PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>

Any physical and/or emotional condition not mentioned that might effect your Safety in an underwater environment or affect your judgement under times of physical or emotional stress.

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

Participants Signature: _____