



Lazy Seal  
Freediving Club

## Wellington Winter Champs 2010

*Freediving Competition*  
*Te Rauparaha Arena Aquatic Centre, Porirua*  
*31 July – 1 August 2010*



### 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 participation:                      competition:                      \$95

or

rec grade:                                      \$45

Personal bests (rec grade only):                      Static \_\_\_\_\_                      Dynamic \_\_\_\_\_

Number of people attending Sunday BBQ: \_\_\_\_\_

#### Please tick:

- I agree to being filmed/photographed throughout the competition and the footage being retained and used by AIDA NZ or the Lazy Seal Freediving Club for promotional or educational purposes.
- I have read the information sheet.
- I have paid my subs to AIDA NZ.

Participant Signature

Date

*Please return completed entry form with liability release form, medical statement, medical certificate and entry fee by 5pm Friday 23 July 2010 as outlined on the information sheet.*

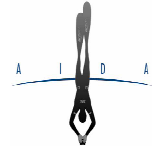
*If the participant is aged 16 or 17 please also provide your parent/guardian's signature on all forms.*



Lazy Seal  
Freediving Club

## Wellington Winter Champs 2010

*Freediving Competition*  
*Te Rauparaha Arena Aquatic Centre, Porirua*  
*31 July – 1 August 2010*



### 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, 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 with me at all times.

\_\_\_\_\_ I understand that neither the Lazy Seal Freediving Club Inc, nor AIDA International, nor AIDA New Zealand Inc, nor their members or representatives, nor Te Rauparaha Arena Aquatic Centre, nor any of their respective officers, agents and employees (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to myself, my family, heirs or assigns that may occur as a result of my participation in this freediving / breath-hold competition 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 competition.

\_\_\_\_\_ I understand that any diving activities are physically strenuous and that I will be exerting myself during this freediving / breath-hold diving competition, 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if aged 16-17 years)

\_\_\_\_\_  
Date



**Lazy Seal  
Freediving Club**

# Wellington Winter Champs 2010

**Freediving Competition  
Te Rauparaha Arena Aquatic Centre, Porirua**

**31 July – 1 August 2010**



## 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 statement 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 participating in any AIDA New Zealand / Lazy Seal endorsed events / training / competitions. But it will require a medical clearance from a physician. This form and your answers will be kept confidential.

### Medical History

	Yes	No
<b>1. NEUROLOGICAL CONDITIONS</b> 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"/>
<b>2. CARDIOVASCULAR CONDITIONS</b> Heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. 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 breathe	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. 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	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. SINUS CONDITIONS</b> Tumor, polyps, cysts of the sinus cavities or nasal passages, sinus surgery, or persistent sinus infections	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. 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	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. 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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. PREGNANCY</b> Are you presently pregnant	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. FREEDIVING / SCUBA DIVING CONDITIONS</b> Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus	<input type="checkbox"/>	<input type="checkbox"/>
<b>10. MEDICATION</b> Do you take any medication on a regular basis either over the counter or prescribed by a physician	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. 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	<input type="checkbox"/>	<input type="checkbox"/>

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

Participant Signature

Date