LIABILITY WAIVER AND RELEASE AGREEMENT

AIDA BAJAU 50 APNEA COMPETITION 2026
INTERNATIONAL INDOOR FREEDIVING COMPETITION
October 05th to October 11th, 2026 – Parque Roca Olympic Swimming Pool
Buenos Aires City, Argentina

I, the undersigned, _____, holder of identification document type _____ No. _____, being of legal age and in full possession of my physical and mental capacities, hereby declare that I voluntarily participate in the event named "**AIDA Bajau 50 Apnea Competition 2026**", to be held from October 05th to October 11th, 2026 at the Parque Roca Olympic Swimming Pool facilities, located in the Buenos Aires City, Argentina.

I declare that I have been properly informed about the nature of the indoor freediving disciplines to be carried out during the event, including Static Apnea (STA), Dynamic Apnea with Fins (DYN), Dynamic No Fins (DNF), and Dynamic Bi-Fins (DYNB), and I acknowledge that participation in these activities involves inherent risks, including but not limited to: loss of motor control (LMC), blackout (BO), physical injuries, medical complications, and other risks associated with physical exertion and breath-hold activities underwater.

Therefore, I assume full and exclusive responsibility for my participation in this competition and hereby release, waive, discharge, and hold harmless the event organizers, **Bajau Freediving** staff (belonging to **Bajau Escuela de Buceo**), **AIDA International**, judges and supervisors involved in the event, the **Government of the City of Buenos Aires**, and any institution or individual directly or indirectly related to the organization of the event, from any legal, civil, administrative, and/or criminal liability arising from my participation.

Furthermore, I declare that:

- I am physically and mentally fit to participate in the competition..
- I have submitted, or will submit before the beginning of the event, the required medical fitness certificate.
- I undertake to comply with all safety procedures, event regulations, judges' decisions, and instructions provided by safety personnel and water safety staff.

- In the event that I am unable to continue or experience any discomfort, injury, or medical issue, I will immediately notify the organization.

I also authorize, without any claim for compensation, the use of my image, name, and/or voice in photographs, videos, live broadcasts, recordings, or any other media related to the competition for promotional, informational, archival, and dissemination purposes.

Date: .....

Participant Signature: .....

Printed Name: .....