



# DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY OF THE PARENT/GUARDIAN

## To AIDA International and the AIDA Instructor:

I \_\_\_\_\_, father/mother of \_\_\_\_\_, age \_\_\_\_\_, give my consent for my son/daughter to participate in the **AIDA Youth Program**, course \_\_\_\_\_ and hereby declare on my own behalf and on behalf of my son/daughter, that I am aware that in-water activities have inherent risks, which may result in discomfort, stress or even injury irrespective of any safety measures and procedures that may be in place and which cannot always prevent or correct all possible accident contributing factors. I understand that in-water activities, which include swimming underwater and breath holding, are physically strenuous activities and that my son/daughter will be exerting himself/herself during this course.

I understand and agree that neither my son's/daughter's Instructor \_\_\_\_\_ nor AIDA International (which is an entity which establishes the standards for the AIDA Youth Program training courses), nor any of their respective employees, officers, volunteers, agents, contractors or assigns (herein after referred to as the "Released Parties") may be held liable or responsible in any way for any discomfort, stress or injury or other damages to my son/daughter, his/her family, estate, heirs or assigns that may occur as a result of his/her participation in the AIDA International Youth Program training course or as a result of the negligence of any party, including the Released Parties whether passive (by omission) or active.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF "DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY" BY READING BEFORE SIGNING THIS STATEMENT.** I still choose to allow my son/daughter to participate in the in-water activities of the AIDA Youth Program with \_\_\_\_\_ as his/her Instructor. I hereby declare that my son's/daughter's medical history described in his/her AIDA Medical Statement is true and accurate. I declare that if requested as a result of completion of the AIDA Medical Statement, my son/daughter has been examined by a physician and has approval to participate in in-water activities.

I hereby undertake the obligation to participate in an AIDA post-course supervision teaching seminar and to take a short examination on the rules of supervision taught to me during the seminar in order for my son/daughter to be certified in the AIDA Youth Program, course \_\_\_\_\_. I hereby undertake to always follow the rules of supervision or cause those rules of supervision to be followed by my son's/daughter's supervisors, while my son/daughter is practicing in-water activities in the future. I further hereby acknowledge that I have been expressly instructed by the AIDA instructor of this AIDA Youth Program course, that my son/daughter should never practice in-water activities unattended.

I further declare that I am of lawful age and legally competent to sign this Agreement and Statement of Risk and Liability on my own behalf and on behalf of my son/daughter. 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 may hereby agree to waive my legal rights and the legal rights of my son/daughter. 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.

Please tick the box if you DO NOT wish your child to be included in photographs used by your instructor for promotional materials.

Signature of participant: \_\_\_\_\_

Date of signing: \_\_\_\_\_