Intermediate Breath Hold Course – INTRODUCTION

Welcome to the intermediate breath hold course. By taking this step you are furthering your knowledge in the sport of breath hold. By discovering and understanding this ancient art, it will let you rediscover yourself. Enjoy the course and let us take you to the next level.

We will require some documentation completed from you prior to attending the course, these will be.

1. Course Enrolment
2. Medical Statement

Both these forms will be required prior to the course starting, these can be handed in on the night but if there are any medical issues you will be required to get a medical to attend the course. We would prefer all forms at least 7 days prior to all courses starting.

**Risks involved**

One of the greatest risks when freediving is blackout-be it shallow water or deep water. Each year there are fatalities caused from drowning after blackout, all could have been prevented if safe diving practices had been adhered to. There are other risks associated with free diving during the first theory lesson as well as safe diving practices that we will cover to ensure we eliminate these from happening. If you feel the risks are too great and you don’t want to participate after the theory component of the course, we will happily refund 70% of these course cost.

**Liability and assumption of risk document.**

This form will be completed during the first classroom session after I have explained the risks to you.

**Equipment Requirements**

You will be required to supply your own equipment for the course, please see below is required.

Open cell wetsuit is preferred (5mm minimum) gloves, booties, fins, mask, snorkel, weight belt (weights to be removable)

**Transport**: It is a requirement for all students to have their own transport

**Weekend Course Schedule**

**Friday night:** Classroom session (5:30pm – 9pm)  
Location: Ocean Hunter, Unit 12/2 Tawa Drive, Albany Ph 09 377 0896  Or your hosting club or dive shop.  
Content: The Human Body in Water: physiological and psychological aspects of breath holding, Safe Diving Practises, Freediving Equipment, Diet & Hydration, Breathing Exercises

**Saturday: 8am – 4pm**  
**Location:** Pool location to be advised (8am – 12pm)

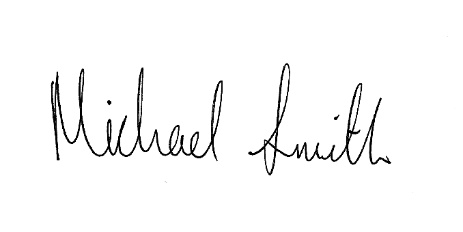
**Pool:** Breathing exercises, pre & post dive breathing, static apnea oxygen table, static apnea training & safety techniques, weighting.

**Open Water Session:** (Location  to be advised) (1.30pm – 4pm) Entry technique, rescue, equalisation, deep water techniques performed to your comfort levels concentrating on building up time spent at depth.

**Sunday: 8am – 4pm**  
  
**Location:** Pool location to be advised (8am – 12pm)

**Pool:** Preparation techniques (stretching and breathing), warm up statics, static/s, fining technique, long dynamics, CO2 dynamics, buddy rescue.  
  
**Deep Session:** (Location to be advised) (1.30pm – 4pm)  
Deep water techniques performed to your comfort levels concentrating on building up time spent at depth.

I look forward to seeing you at the course,



Regards

Michael Smith

Managing Director & Lead Instructor

**BREATH HOLD COURSE PARTICIPANT ENROLMENT FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your first language (yes/no)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if no please describe level & list spoken languages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your free dive experience (beginner/intermediate/advanced & details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Depth Free dived before? Meters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like to dive too? Meters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Stationary (Static) Breath Hold? Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What time would you like to achieve? Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about our Breath Hold Course?

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**PARTICIPANT MEDICAL STATEMENT**

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 if you should be examined by a doctor before participating in any freediving/breath hold activity.

Please read each question carefully and answer them accurately. Please explain any “yes” answer in the next section. A positive answer will not necessarily exclude you from participating in an Ocean Hunter course/training, but it may require a medical clearance form a physician.

Please tick the appropriate column. This form and your answers will be kept confidential. \*

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| --- | --- | --- |
| Item | Yes | No |
| NEUROLOGICAL CONDITIONS - Any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain’s blood vessels. |  |  |
| CARDIOVASCULAR CONDITIONS - Heart attack, heart surgery, irregular heartbeat, uncontrolled elevated blood pressure. |  |  |
| 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. |  |  |
| 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. |  |  |
| SINUS CONDITIONS - Tumor, polyps, cysts of the sinus cavities or nasal passages, sinus surgery, or persistent sinus infections |  |  |
| 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. |  |  |
| DIABETES MELLITUS - 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 hypoglycaemia (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. |  |  |
| PREGNANCY - Are you presently pregnant |  |  |
| FREEDIVING / SCUBA DIVING CONDITIONS - Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus. |  |  |
| MEDICATION - Do you take any medication on a regular basis either over the counter or prescribed by a physician. (Contraceptive pill excluded) |  |  |
| GENERAL MEDICAL PROBLEMS - Any physical and / or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress |  |  |
| RECENT ILL HEALTH - You should not participate in apnea activities until fully recovered from ill health. |  |  |

If you answered yes to any of the previous questions, please provide details in the space below. We may require a medical clearance from your Doctor and will contact you prior to the commencement of the course.

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| ITEM ABOVE | DETAILS |
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Please contact the lead instructor Michael Smith on 021778633 if you have any questions.

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

**SIGNED**

**Participants Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (please print)** \_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_

**BREATH HOLD COURSE PARTICIPANT RISK DOCUMENT**

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 and Ocean Hunter Limited 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 as outlined in the pre course theory class. 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.

**Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_

**Participant signature:** \_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_