



**Usage and rights of photos and/or videos**

Video footage and/or photos will be taken during this event, which may or may not include your recognizable image. I hereby authorize and give full consent to **Mermaid Federation International (MFI)** and their representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed. I acknowledge that Mermaid Federation International (MFI) or the assigned "Released Parties" owns all rights to the images and recordings. By signing you acknowledge that you understand and agree to the media and liability waiver for Mermaid Federation International (MFI) and their representatives. If you do not wish to be photographed, please inform an event organiser.

**Release of Liability and Assumption of Risk**

I hereby declare that I am aware that mermaiding has inherent risks, which may result in serious injury or death. I still choose to participate in the mermaid activities with my instructor and his/ her school. I understand and agree that neither my instructors nor MFI, nor any of their respective employees, officers, agents, contractors or assigns (herein after referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in mermaiding activity with my instructor or as a result of the negligence of any party, including the Released Parties whether passive or active. In consideration of my instructor allowing me to participate in the mermaiding activity, I hereby personally assume all risks of the experience, whether foreseen or unforeseen, that may befall me while I am mermaiding with my instructor. I declare that I am in good mental and physical fitness for mermaiding and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to mermaiding. I declare that if requested as a result of completion of the "Medical Statement", I have seen a physician and have approval to mermaid.

**Medical Statement**

Mermaiding 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 physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. We therefore use the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may mermaid with in the future. The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in mermaid training. A positive response to a question does not necessarily disqualify you from mermaiding. A positive response means that there is a pre-existing condition that may affect your safety while mermaiding and you **MUST** seek the advice of a physician prior to engaging in mermaid activities. The physician needs to sign at the bottom of the form to say that he/she finds no medical conditions incompatible with mermaiding if any "YES" box is ticked.

		Yes/No
1	Neurological Conditions: Especially any history of seizure disorder, stroke, brain surgery, repeated black outs or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels	
2	Cardiovascular Conditions: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure	
3	Pulmonary Conditions: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, Pulmonary Conditions: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe	
4	Ear Conditions: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery	
5	Sinus Conditions: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection	
6	Asthma: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing	
7	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, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease.	
8	Pregnancy: If you are presently pregnant or planning to be pregnant	
9	Mermaiding Conditions: Previous history of a diving accident, decompression sickness, decompression of the inner ear of air	
10	Medication: Any medication taken on a regular basis either over-the-counter or prescribed by a physician	
11	General Medical Problems: 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	

I certify that I have answered the above questions accurately and honestly. I further declare that I am of lawful age and legally competent to sign this liability release. 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 hereby agree to waive my legal rights. 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.

Name	Guardian (if needed)	Signature	Date