Waiver of Liability, Voluntary Assumption of Risk, Agreement to Bear Damages, and Release from Responsibility

This document affects your legal rights
Please read carefully before signing.

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1. The Activity

I request to participate in research and/or educational water activities including swimming, scuba diving with tanks, free diving, snorkeling, training sessions, courses, instruction, simulations, drills, marine activities involving vessels, and events organized by the Leon Recanati Institute for Maritime Studies and the School of Maritime Archaeology and Marine Cultures, which are organized by the researchers, staff, and students of the Institute and School, or anyone directly or indirectly associated with them (the "Organizers").

I acknowledge that I may also participate in diving-supported activities, such as setting up camp facilities and assisting with technical matters relevant to these activities.

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2. Assumption of Risk

I hereby declare that I am aware that these activities involve risks, which I voluntarily assume. Accordingly, I agree to waive my rights and release the Organizers and anyone acting on their behalf from liability.

I understand that this agreement applies to any bodily injury, psychological harm, property damage, financial loss, or any other damage that may occur during the activity, while traveling to or from it, before it, after it, as a consequence of it, or in connection with it, except in cases of gross negligence or willful misconduct.

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3. Risks

I acknowledge that swimming, diving, snorkeling, and boating activities involve inherent and substantial risks, including but not limited to:

1. Drowning, suffocation, or aspiration of water.
2. Loss of consciousness in water.
3. Hypothermia or heat stroke.
4. Injuries caused by waves, currents, or whirlpools.

5. Injuries caused by marine elements (corals, rocks, jellyfish, fish, and other marine animals).
6. Injuries resulting from the use of equipment (masks, regulators, air tanks, fins, wetsuits).
7. Pressure-related injuries (barotrauma, ear injuries, dizziness).
8. Risk of decompression sickness.
9. Risks arising from negligence of other participants.
10. Changing sea conditions (poor visibility, extreme weather, strong currents).

I understand that, in extreme cases, these activities may result in serious injury, bodily harm, permanent disability, or death.

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4. Voluntary Participation

I declare that I am at least 21 years old and that my participation in the activity is entirely voluntary, after having read and understood all the risks involved, and without any pressure or coercion.

I agree to bear full responsibility for the risks associated with my participation.

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5. Medical Fitness

I hereby provide the following medical declaration (participants equipped with snorkel, mask and fins (SMF) are required to provide a valid medical declaration, as specified in the SMF protocol):

1. I have undergone medical examinations by a diving physician as required. The examination was conducted within the last year (if I am over 45 years old) or within the last two years (if I am under 45 years old).
2. Since the date of the medical examination, I have not suffered from any medical condition that may pose a risk during water activities, including but not limited to heart disease, uncontrolled asthma, epilepsy, respiratory disorders, or chronic ear problems.
3. I am physically and mentally fit to participate in the activity.
4. I understand that the responsibility for verifying my medical fitness rests solely with me.
5. Please answer all of the following questions:

Medical Condition	**Yes**	**No**
Epilepsy (any seizure event)	☐	☐
Head surgery	☐	☐
Chest surgery	☐	☐
Chest injury or trauma	☐	☐

Medical Condition	Yes	No
Asthma or spasmodic bronchitis	☐	☐
Chronic allergies / hay fever / allergic rhinitis	☐	☐
Sinusitis or nasal polyps	☐	☐
Ear infections	☐	☐
Torn eardrum / ear surgery	☐	☐
Chronic sinusitis / sinus surgery	☐	☐
Severe vision impairment	☐	☐
Eye disease / eye surgery	☐	☐
Color blindness	☐	☐
Retinal problems	☐	☐
Coronary heart disease / angina / heart attack	☐	☐
Other heart disease	☐	☐
Irregular heartbeat / palpitations	☐	☐
Diabetes treated with injections	☐	☐
Diabetes treated with medication	☐	☐
Chronic digestive disease	☐	☐
Hepatitis	☐	☐
Psychiatric disorder or severe emotional condition	☐	☐
Permanent medication use	☐	☐
Allergies to food or medication	☐	☐
Additional surgeries	☐	☐
Movement limitations	☐	☐
Additional chronic illnesses	☐	☐
Use of psychiatric medication	☐	☐

6. Qualifications

I declare that I possess the knowledge and qualifications necessary to engage in the activity in accordance with my certification and the documents I have presented and deposited with you.

I acknowledge that presenting and depositing copies of these documents does not impose any responsibility on the Organizers regarding their authenticity, validity, or suitability for the activity.

I declare that I have verified that my training and documentation are appropriate for the described activity and that I shall have no claims against the Organizers in this regard.

7. Compliance with Laws and Safety Regulations

I undertake that all activities I perform shall comply with all applicable safety rules, laws, and regulations, and with the permissions and limitations derived from my certification level.

8. Activities Beyond My Qualifications

If I am requested to perform activities beyond my technical or other qualifications, I will notify the supervisor and will not perform such activities.

9. Equipment

I declare that:

1. I will carefully inspect all diving and/or other equipment provided to me in connection with the activity, and my use of such equipment shall constitute conclusive evidence that I inspected it and found it suitable and safe for use.
2. I will use tanks, weights, regulators, and air tanks provided to me solely for my own use and will not transfer them to another person without explicit authorization from the professional staff.
3. My dive computer is for my personal use only, and the dive data recorded in my computerized dive log are accurate and truthful.
4. My personal diving equipment is safe, functional, and has undergone periodic inspection as required by a certified technician, and the professional staff bears no responsibility for personal equipment.

10. Waiver of Claims

I undertake not to file any claim or demand against the Organizers for bodily injury, property damage, or financial loss related to the activity.

11. Indemnification

I undertake to indemnify the Organizers for any claim or demand brought against them as a result of my acts or omissions in connection with the activity.

12. Compliance with Instructions

I undertake to comply with all safety instructions issued by the professional staff and to immediately cease activity upon their request.

13. Photography and Media Use

I consent to the possibility that the activity may be photographed or recorded and authorize the use of such images for publicity, instructional, or marketing purposes, without compensation.

Participant Details

Full Name: _____

ID / Passport Number: _____

Date of Birth: ____ / ____ / _____

Address: _____

Signature: _____

Date: ____ / ____ / _____