

---

---

## MINORS AUTHORIZATION

Mérida Yucatán, \_\_\_\_\_

Through this document I hereby grant authorization to my son/daughter \_\_\_\_\_

of the age of \_\_\_\_\_, Originally from \_\_\_\_\_, with address at \_\_\_\_\_

\_\_\_\_\_ to train and practice freediving (Apnea)

in swimming pool and cenotes, accepting in accordance with the following:

- I have been informed and understand what freediving consists of and the risks involved. I recognize the physical, technical, psychological, and emotional requirements that my child must meet to practice freediving.
- I declare that my child has sufficient physical and psychological conditions for the practice of this activity and does not suffer from diseases that may pose limitations for the development of the same.
- I understand and assume the various risks involved in this activity, and I freely accept them.
- I have been warned and explained in detail what freediving is all about.
- I understand that the activity may be subject to modifications and/or cancellations depending on weather conditions, physical conditions of the training sites, and the physical or psychological situation of the participants.
- I authorize my child to be transported in a private vehicle driven by a responsible person to the cenotes, where freediving training occurs.
- In case of emergency and I am not present, I authorize my child to be transported in a private vehicle driven by a responsible person.
- Suppose my child's behavior or attitude poses a danger to him/herself or the rest of the participants. In that case, I authorize the suspension of his/her participation. I understand that I will be duly informed in this circumstance and that any associated extra costs are my responsibility.
- I will cover any damage caused by my child for not following the instructors' instructions and for not respecting the environment and the rest of this activity components.
- I have been informed that the person conducting the activity is a certified instructor and has the ability to direct my child training.
- I agree to the taking of audiovisual content (photographs and videos) of my son/daughter related to freediving (Apnea) training and practices, as well as the use of this content in public and private media.
- Suppose my child, for reasons of illness or disability, requires special care or treatment during the activity. In that case, I must inform Dharma through a permit that perfectly describes such needs in a signed document, as long as it is not counterproductive to the practice of freediving (Apnea).

I am legally competent to sign this authorization and understand that the terms of this document are contractual and not a mere recital. I have signed this document of my own free will and with the knowledge that I, as a result of this, accept the risks involved in my child's freediving.

\_\_\_\_\_  
Signature of father

\_\_\_\_\_  
Signature of mother

ATTACH a copy of the father's and mother's official identifications.