



1. Medical Declaration for Snorkelling and Diving Activities

Snorkelling and Scuba diving are exciting and physically demanding activities. To ensure these activities are performed safely, you must follow the instructions of your supervisor or instructor. Be aware that snorkelling and SCUBA Diving can be strenuous even in calm water and may increase the health and safety risks to persons suffering from:

- Any Medical condition that may be made worse by physical exertion.
- Any medical condition that can result in loss of consciousness.
- Asthma that can be brought on by cold water or salt water mist.

To minimise any risks remember to:

- Snorkel and Dive in Buddy Pairs
- Always follow the advice of your instructors and stay close to the supervised area
- Take note of emergency procedures along with hand signals that your supervisor will use
- Be aware of environmental conditions in particular any strong currents

Please answer the following questions on any past and present conditions with a YES or NO. A positive response means there is a pre-existing condition that your crew must be made aware of as your safety while participating could be compromised.

Do you understand that any concealment of any medical condition incompatible with safe snorkelling or diving might put your health or life at risk?

YES

NO

Have you suffered from, or do you now suffer from, any of the following:-

Are you currently suffering from:-

| | YES | NO | | YES | NO |
|---------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------|--------------------------|--------------------------|
| Ear Surgery | <input type="checkbox"/> | <input type="checkbox"/> | High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Fainting, seizures or blackouts | <input type="checkbox"/> | <input type="checkbox"/> | Other illness or operation within the last month | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest surgery | <input type="checkbox"/> | <input type="checkbox"/> | Breathlessness | <input type="checkbox"/> | <input type="checkbox"/> |
| Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | Perforated eardrum | <input type="checkbox"/> | <input type="checkbox"/> |
| Recurrent ear problems when flying | <input type="checkbox"/> | <input type="checkbox"/> | Chronic ear discharge or infection | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes Mellitus | <input type="checkbox"/> | <input type="checkbox"/> | Are you taking any medicine or drug (excluding oral contraception)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Chronic sinus conditions | <input type="checkbox"/> | <input type="checkbox"/> | Have you ingested any alcohol in the last 8 hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart disease of any kind | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuberculosis or other long term lung disease | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Collapsed lung (Pneumothorax) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Asthma or wheezing | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Chronic Bronchitis or persistent chest complaints | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Brain, spinal cord or nervous disorder | <input type="checkbox"/> | <input type="checkbox"/> | | | |

2. Privacy

I consent to the collection of the personal data on this form by the independent boat/dive operator running the pre-mentioned activities in which I intend to participate, the communication of that personal data for insurance requirements and for quality control purposes.

I acknowledge and understand that the medical information provided by me in the medical declaration overleaf will be retained by the operator in accordance with its privacy policy but may be provided to its insurers or associated entities if required for safety, legal or review reasons.

Participant Signature _____ Parent/Guardian Signature _____ Date _____

3. Statement of understanding and assumption of risk agreement for Snorkelling and Scuba Diving

I, _____, hereby confirm that I am aware that snorkelling and scuba diving have inherent risks which may result in serious injury or death. In particular, I acknowledge:

1. That diving with compressed air involves certain inherent risks or decompression illness, embolism, and other hyperbaric injuries and that these injuries may result in death or serious disablement.

2. That injuries of the type referred to in Clause 2 above may require treatment in a decompression chamber. I understand that open water diving trips are part of the introductory scuba diving program despite the possible absence of a decompression chamber in proximity to the dive site.
3. That snorkelling and scuba diving are physically demanding activities and in susceptible individuals may cause a heart attack, panic or hyperventilation.
4. I understand that it is my responsibility as a snorkeler & diver to undertake these activities safely and follow the instructions of the supervisor and instructor.
5. That snorkelling and, in particular, scuba diving involves the use of equipment that may malfunction, giving rise to the risk of death or disablement.
6. That snorkelling and scuba diving necessarily involve the exposure to the natural elements including but not limited to storm, tempest, wind, tides and marine life. Such exposure brings with it a risk of death or disablement.
7. That the introductory scuba diving program is designed to provide me with a safe introduction to scuba diving. The program is not intended to train me as a competent diver. I further understand and agree that I must be thoroughly instructed in the use of SCUBA under the direct supervision of a qualified instructor to become a certified, competent diver.
8. In consideration of being allowed to participate in a snorkelling or scuba diving program, I hereby personally assume all risks in connection with the said programs for any harm, injury or damage that may befall me or my property while participating in these activities, including all risks connected therewith, whether foreseen or unforeseen.
9. The information I have provided about my medical history on the medical declaration is accurate to the best of my knowledge and belief. I agree to accept responsibility for omissions regarding failure to disclose any existing or past health conditions.
10. I further state that I am of lawful age and legally competent to sign this statement of understanding, or alternatively, the written consent of my parent or guardian is provided herewith.
11. In the event that any part of this document is held to be inconsistent with any relevant statute, then the parties agree that the document will be invalid to the extent of that inconsistency only.
12. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free will.

Participant Signature

Parent/Guardian Signature

Date

4. Liability release and statement of intention

I, the aforementioned, have fully informed myself on the contents of the 'Statement of understanding and assumption of risk agreement' and this 'Liability release' before signing it on behalf of my heirs. I further agree that neither the snorkelling instructors or dive professionals conducting this activity, _____, nor the facility through which this activity is conducted, _____, nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as Released Parties) may be held liable or responsible in any way for any injury, death, or other damages to me, my property, my family, heirs or assigns that may occur as a result of my participation in these activities, whether such injury is foreseen or unforeseen.

I, the aforementioned, by this instrument, do exempt and release the instructors and professionals conducting these activities, the facility through which these activities are offered and all related entities and all released parties as defined above from all liability and responsibility whatsoever for personal injury, property damage or wrongful death however so caused, including but not limited to any negligent act or omission of the released parties, whether passive or active.

Participant Signature

Parent/Guardian Signature

Date

THIS SECTION IS ONLY TO BE COMPLETED IF YOU ARE TO PARTICIPATE IN SCUBA DIVING:

5. Introductory scuba diving knowledge and safety review

To participate in your introductory scuba dive, you must complete this review under the direction of you professional before getting in the water to ensure you understand the information given.

| | TRUE | FALSE | | TRUE | FALSE |
|--------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Upon completing this experience, I will be qualified to dive independently | <input type="checkbox"/> | <input type="checkbox"/> | I should add air to my buoyancy control device (BCD) to float at the surface | <input type="checkbox"/> | <input type="checkbox"/> |
| To equalise my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils | <input type="checkbox"/> | <input type="checkbox"/> | The 'caution zone' on my air gauge indicates that I have plenty of air in my tank and that I may continue diving | <input type="checkbox"/> | <input type="checkbox"/> |
| I should equalise every few feet/one metre while descending | <input type="checkbox"/> | <input type="checkbox"/> | I should not touch, tease or harass any underwater organism as I may cause it harm or it may harm me | <input type="checkbox"/> | <input type="checkbox"/> |
| If I have discomfort in my ears or sinus during descent, I should continue downward | <input type="checkbox"/> | <input type="checkbox"/> | I should stay close to the dive professional during my introductory scuba diving experience and signal if something is wrong | <input type="checkbox"/> | <input type="checkbox"/> |
| Underwater, I should breathe slowly, deeply, continuously and never hold my breath | <input type="checkbox"/> | <input type="checkbox"/> | I should not go to altitude (fly) within 12 hours of completing a single dive or 18 hours when doing multiple dives (where possible wait 24 hours) | <input type="checkbox"/> | <input type="checkbox"/> |

I have had this review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

Participant Signature

Parent/Guardian Signature

Date

