

Staff:

Group size:

POB: PB: 

# MEDICAL DECLARATION FOR SNORKEL SAFARI

## Snorkeler Personal Details: Person 1

Full Name				Phone		
Address						
Date of birth	/	/	Age		Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female

## Snorkeler Personal Details: Person 2

Full Name				Phone		
Address						
Date of birth	/	/	Age		Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female

## Snorkeler Personal Details: Person 3

Full Name				Phone		
Address						
Date of birth	/	/	Age		Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female

## Snorkeler Personal Details: Person 4

Full Name				Phone		
Address						
Date of birth	/	/	Age		Sex: <input type="checkbox"/> Male	<input type="checkbox"/> Female

I declare that I have been advised that snorkeling is generally a safe activity enjoyed by many people; however it can become strenuous - even in calm conditions - and may increase the risk to my health and safety. By ticking the relevant box, I declare that I suffer from, or have suffered from the following medical conditions:

Condition	Person 1	Person 2	Person 3	Person 4
	Yes/No	Yes/No	Yes/No	Yes/No
▪ Heart condition of any kind – list:				
▪ Heart surgery of any kind – list:				
▪ High blood pressure				
▪ Emphysema / lung condition				
▪ Asthma or wheezing				
▪ Epilepsy				
▪ Fainting, seizures or blackouts				
▪ Diabetes mellitus (sugar diabetes)				
▪ Brain, spinal cord or nervous disorder				
▪ Low blood pressure				
▪ Undertakes regular exercise				
▪ Major surgery of any kind other than listed:				
▪ Other – list:				
Are you currently taking any medicine or drug (excluding oral contraceptive)?				
Do you have any medication with you? (including inhalers)				
Have you taken any medication today?				
<b>I also declare the following</b>				
I have not consumed alcohol today				
I do not have a disability which could affect the normal use of snorkelling equipment				
I have snorkelled before				

I understand all advice given to me by the crew regarding my medical declaration, as well as any safety measures I have been asked to follow.

Snorkeler 1 Signature:	Snorkeler 2 Signature:	Date	/	/
Snorkeler 3 Signature:	Snorkeler 4 Signature:	Date	/	/
Witness:		Date	/	/

I, The Instructor have reviewed this form. Name \_\_\_\_\_ Signature \_\_\_\_\_

# SNORKEL SAFARI

## DEED OF ASSUMPTION OF RISK

In consideration of and as a condition of Reef Safari Diving Pty Ltd.  
(hereafter "the business") agreeing to allow me to participate or enrol in any one or more of the following:

(a) Snorkelling (b) Instruction in snorkelling (c) use of any material plant or equipment (d) any activity incidental to the above activities conducted, supplied or serviced by the instructor, the business (hereafter referred to as "the Aquatic Activities")

I, (Name)..... of (Address).....

Hereby covenant acknowledge and agree that so far as permitted by the Competition and Consumer Act 2010 and the Fair Trading Act 1989 (QLD) or other relevant legislation:

1. I unconditionally waive and relinquish all claims for liability and release and discharge the instructor and the Business from all liabilities, claims and causes of action that may arise for:  
(1) Personal Injury (2) Property Damage (3) Economic Loss or (4) Wrongful Death Wherever and however such may occur whether the same shall arise by (5) Negligence (6) Breach of Contract (7) Breach of any statute, code of practice or standard (8) Delay or cancellation, Or otherwise (hereafter "the liabilities") as a result of my participation in the Aquatic Activities.
2. I agree to indemnify and hold harmless the instructor and the Business from the Liabilities in respect of any action brought against them as a result of my participation in the Aquatic Activities.
3. I acknowledge that:
  - (a) My participation in the Aquatic Activities is a potentially hazardous activity which may result in serious injury, property damage, economic loss or death and I am prepared to assume such risks.
  - (b) I have been fully advised of the potential dangers and hazards associated with my participation in the Aquatic Activities; and
  - (c) I have read and understood this Deed and I intend it to have legal effect to exempt and relieve the instructor and the business from the Liabilities and I have signed it voluntarily and without any inducement by the Instructor and/or the Business.

### Interpretation

In reference to a party to this Deed included the party's successors, assigns, agents, servants and employees.

Executed as a Deed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signed sealed and Delivered by

Name ..... Signature .....

In the presence of ..... Witness Signature .....

Parent / guardian Signature (under 18 years) .....

### PAYMENT DETAILS:

Name on Card: -----

Payment Amount

Card Number: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Adult  Child  Family

Card Expiry Date: \_\_\_\_/\_\_\_\_

Total Amount in \$ :

Signature: \_\_\_\_\_

### DIVE SUPERVISOR TO COMPLETE:

Control measures to be implemented:  Yes  No If yes, complete this section: Snorkeler Risk Rating: L M H (Circle)

Participant Name:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Advised not to snorkel | <input type="checkbox"/> Go from pontoon | Snorkel Safari Group Size<br><input type="checkbox"/> Group size 1 x 1<br><input type="checkbox"/> Group size 1 x 2<br><input type="checkbox"/> Group Size 1 x 4 | <input type="checkbox"/> Advised to wear a life jacket |
|---|--|--|--|

I, The Instructor have reviewed this form. Name \_\_\_\_\_ Signature \_\_\_\_\_