

# TROPICAL REEF SNORKEL

## CRITERIA FOR PARTICIPATION:

Participants must read the below and acknowledge all health risks (some medical conditions will prohibit participation).

Participants must be able to speak and/or understand English, or have a translator available to translate the pre-program brief. Persons acting as a translator must advise staff at the start of the program.

Snorkelling can be a strenuous physical activity. If you suffer from an existing medical condition PLEASE NOTE:

- 1. Some medical conditions may be made worse by physical exertion** e.g. heart disease, asthma, lung complaints
- 2. Some medical conditions can result in the loss of consciousness if you exert yourself** e.g. epilepsy, diabetes
- 3. Asthma that can be brought on by cold water or salt water mist.**

PLEASE inform the Snorkelling Supervisor or Snorkelling Guide if you have an existing medical condition and any concerns you have. Persons with a medical condition intending to snorkel should:

- A. Only snorkel in an area that allows the Snorkelling Supervisor or Snorkelling Guide to offer close supervision**
- B. Wear a flotation device that will support the wearer in a relaxed**

Participants must be competent swimmers/able to swim unaided.

Participants must have controlled motor movement.

Participants must be able to understand and follow directional hand signals of staff as outlined in snorkel briefing.

Participants must be able to quickly exit the pool area unassisted.

Participants must not have any open cuts or infections.

If pregnant, participants must not be further than 6 months.

Animal Adventures booking is non-refundable and non-transferable.

## RELEASE, WAIVER & ACKNOWLEDGEMENT

By reading and signing this document, you are agreeing to not make any claim against the owners and operators of Sea World, their employees or agents ("Sea World") in respect of any claim or loss arising in respect of your participation in the Animal Adventures program except to the extent caused or contributed to by the negligence of Sea World.

In consideration of allowing me to participate in the Animal Adventures program ("the Program"), I,

..... of  
(insert participant's full name)

.....  
(insert your usual place of residence)

**understand, agree and accept [to the extent permitted by law] the following:**

I will be entering an environment housing animals which involves a degree of unpredictability and therefore a risk of injury occurring. I have been given the opportunity to personally discuss with Sea World staff the potential dangers [such as injury resulting from acts of a mammal, shark, stingray or fish] or concerns I have relating to the Program or signing this document;

My participation is at my own risk and without any liability attaching to Sea World if I am injured or damage or lose any property belonging to me;

I irrevocably release Sea World from any liability for death, personal injury, property loss or damage that may arise as a consequence of my participation in the Program;

I will comply with all lawful directions that Sea World staff may make in respect of my participation in the Program and will not interfere with their ability to conduct the Program in a safe and secure manner;

If I leave any property or valuables in a locker whilst participating in the Program, then same is at my sole risk and without any liability attaching to Sea World in the event of loss or damage howsoever caused including [but not limited to] theft; & should I be deemed to be under the influence of alcohol or drugs I will be excluded from participating in the Program.

READ AND UNDERSTOOD:

.....  
Signature

.....  
Date

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## CONSENT OF PARENT/GUARDIAN IF PARTICIPANT UNDER 18 YEARS

I, ..... of  
(insert your full name)

.....  
(insert your usual place of residence)

HEREBY CONSENT to the abovenamed participating in the Animal Adventures program on the conditions set out above and to emergency medical attention being provided if warranted.

READ AND UNDERSTOOD:

.....  
Signature

.....  
Relationship [i.e. mother / father / guardian]

.....  
Date

.....  
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