



The Bear Grylls ADVENTURE

SNORKELING MEDICAL DECLARATION

This form is to be completed by all participants of the Bear Grylls Adventure Snorkelling experience before participation. In the event that any participant of the Experience is 17 years of age or under, the parent or legal guardian of that participant will be required to complete this declaration on that participant's behalf

MEDICAL QUESTIONS

Please state if you have any of the following medical conditions

- Asthma
- Epilepsy
- Diabetes
- Heart problems
- Chest problems
- Sinus or ear problems
- Any relevant allergies e.g. neoprene, silicone, fish
- Skin conditions
- Any other condition that may affect your participation in this snorkel
- If so please specify below:

• _____
If you answered NO to all the above, please initial below:

- _____
- If you answered YES to any of the above questions please advise our staff before participation.

Session date: _____

Session time: _____

Name : _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

"BEAR GRYLLS" IS A REGISTERED TRADEMARK OF BEAR GRYLLS VENTURES LLP

