

INDOOR/OUTDOOR ACTIVITY CENTRE

SNORKELLING 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
- Have you experienced any COVID-19 symptoms (cough, fever, shortness of breath) in the last 7 days?
- Have you been diagnosed with COVID-19 in the past?
- 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:

Snorkel Instructor:

Name : _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Signature : _____

Parental signature (if under 17) :
