

As per the ISO standards for Snorkeling service providers 13289 followed by CDWS announcement on 04.02.18, a declaration to accept responsibility and assume risks for participating in a diving trip which includes snorkeling is required.

Please read carefully before signing!

MEDICAL SELF DECLARATION

I (*the name of the participant*), _____ by this I acknowledge that I have received advice and complete information about the risks associated with sea diving trips and snorkeling.

By signing this document, I acknowledge that I accept the consequences and the risks that may naturally result from participation in water sport activities where snorkeling and diving activities can be very strenuous and require considerable effort.

I also certify that I am not suffering from any of the following health contraindications and that I bear the sole consequence of not informing the guides of the trip if any of these contraindications are present.

If one of the below conditions is present, you must consult a doctor for clearance before allowing you to participate in any activities in the water (snorkeling or diving).

Please, answer the medical questions with NO or YES , if you are not sure, please answer yes:	YES	NO
Presence of diseases of respiratory system, asthma, allergies or any diseases of the chest		
Previous operations with the respiratory system		
Diseases or deficiencies in the circulatory system, especially heart disease and hypertension diseases		
Diseases of the nervous system, epilepsy, convulsions or the use of drugs to prevent those symptoms		
Fainting or loss of consciousness		
Diabetics		
Previous blood embolism or hemophilia		
The occurrence of a disease or the use of drugs affecting the psychological state		

Valid Travel / Medical Insurance Company Name & Policy number: _____

I am of legal age and legally qualified to sign this declaration and I have signed on my own free will.

Guest Signature: _____ Parent or guardian signature: _____
(If applicable, in case of minors)

Date: _____

***** Please fill in the emergency contact information *****

Contact Person: _____ Your relationship with this person: _____
(Relative: father..., friend)

Phone number: _____ Email: _____