



Medical Statement and liability Release

Surname Given Name

Address

Date of Birth / / 1 9 Age Male Female

Emergency Contact Hotel Room#

I, (name) hereby formally declare that I have not suffered from, or now suffer from, any of the following and I am not currently subject to any of the following:

	YES	NO		YES	NO
Brain, spinal cord or nervous disorder			Asthma or wheezing		
TB or other long-term lung disease			Collapsed lung		
Bronchitis or persistent chest complaint			Diabetes mellitus		
Chronic ear infection			Epilepsy		
Chronic sinus condition			Breathlessness		
Fainting, seizures or blackouts			High blood pressure		
Other illness or any operations			Heart disease		
Ear problems when flying			Chest surgery		
Any prescription medicine			Ear surgery		
Any alcohol within the last 8 hours prior			Perforated eardrum		
Flight within 12 hours after dive.			Pregnancy		

I understand that the concealment of any condition incompatible with safe diving might put my life or health at risk. Signature

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION I HAVE PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE. BY THIS INSTRUMENT I RELEASE MY INSTRUCTORS, SCUBA-DOO CAIRNS PTY LTD, REEF MANAGEMENT PTY LTD, AND BELL AQUA INC FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

Signature of participant (or legal guardian) Date

Staff Use Only:					Staff Sign
Cash	T/C	Visa / Master	HPU	GI R/C	PIF
\$	\$	\$	\$	\$	\$

* Cancellation policy 100% refund before arrival at pontoon and/or failure Medical Check.
Nil refund after arrival at pontoon.