



15 Mahogany Street, Dangriga, Belize, Tel: 501-522-2243/1-800-798-1558

Snorkel Participation Form

(This form must be signed by every snorkeler prior to first snorkel trip.)

Date: _____

Name: _____ Date of Birth: _____

Home Address: _____ State (Country): _____ Zip: _____

Home Tel: _____ Office Phone: _____

Email Address: _____

Citizenship: _____ Occupation: _____

Hotel: _____ Room#: _____

When was your last snorkel trip: _____ How Deep: _____

Do you have a dive accident insurance policy? YES NO (circle approp)

If Yes, from what company? _____ Policy # _____

Are you allergic to anything? Yes ___ No ___ If Yes, what is your allergy _____

Are you on medications: Yes ___ No ___ If Yes, which? _____

Blood Type: _____ is this your first snorkel with us? _____

Affirmation, Waiver and Release:

I am aware of the inherent hazards of snorkeling and understand that I should:

- Be in conditions of good health and physical fitness for snorkeling
- Avoid being under the influence of alcohol or drugs when snorkeling
- Engage in snorkel activities consistent with my level of experience
- Listen carefully to the snorkel briefing and directions, and respect the advice of the snorkel guide supervising my snorkeling activities
- Adhere to the buddy system through every snorkel
- Observe local laws which specifies that no marine life may be removed from the reefs of Belize

Freely and voluntarily, forever, to release, discharge, waive and relinquish, in favour of the Blue Marlin Beach Resort, any and all claims, demands or cause of action, whether foreseen or unforeseen arising from or in connection with snorkeling. Including, without limitation, those for or relating to accident, personal injury, illness, theft, property damage and/or wrongful death occurring to me, arising out of, relating to, or as a result of my engaging in the activities, whenever or however such injuries, damages or death may occur and for whatever period of time the dive may continue, whether caused by negligence of the Blue Marlin Beach Resort or otherwise.

That under no circumstances will I, or my estate, sue Blue Marlin Beach Resort, and I agree that, under no circumstances will I or my heirs, executors, administrators and assigns prosecute or present any claim for personal injury, illness, theft, property damage or wrongful death against Blue Marlin Beach Resort, as a result of Blue Marlin Beach Resort's negligence or otherwise.



“Medical History “

The following information is intended for use in case of an emergency in the event you should be unable to supply it. PLEASE REMEMBER THAT YOU ALONE ARE RESPONSIBLE FOR DETERMINING YOUR MEDICAL AND PHYSICAL FITNESS TO SNORKEL OR TO TAKE PART IN ANY OTHER ACTIVITIES DURING YOUR TRIP. WE TAKE NO RESPONSIBILITY WITH RESPECT TO YOUR DETERMINATION. If you have any doubts concerning your medical or physical fitness to snorkel or take part in any activities please consult your personal physician prior to travel.

Please write yes/no to any of the following items which apply to your past medical history or present medical conditions:

- | | |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am currently taking medications
Please list medications _____ | <input type="checkbox"/> I frequently suffer from motion sickness (seasick, carsick, etc) |
| <input type="checkbox"/> I am currently suffering from cold or congestion | <input type="checkbox"/> I have a fear of closed or open spaces (claustrophobia or agoraphobia) |
| <input type="checkbox"/> I have a history of respiratory problem or disease
Disease | <input type="checkbox"/> I have a nervous system disorder |
| <input type="checkbox"/> I am a diabetic | <input type="checkbox"/> I have had a head or back injury |
| <input type="checkbox"/> I have a history of epilepsy, seizures or convulsions | <input type="checkbox"/> I have had decompression sickness (bends) or another diving accident |
| <input type="checkbox"/> I have a history of recurring migraine headaches | <input type="checkbox"/> I have hay fever or other allergies |
| <input type="checkbox"/> I have a history of blackouts or fainting
(Full/partial loss if consciousness) | <input type="checkbox"/> I have a collapsed lung (pneumothorax) |
| <input type="checkbox"/> I have a history of asthma, emphysema or tuberculosis | <input type="checkbox"/> I have had surgery or a penetrating injury in my chest |
| <input type="checkbox"/> I have a history of sinus problems | <input type="checkbox"/> I am under the care of a physician or have a chronic illness |
| <input type="checkbox"/> I have had ear or sinus surgery | <input type="checkbox"/> I am not pregnant |
| <input type="checkbox"/> I have a history of ear disease, hearing
Loss, or problems with balance | <input type="checkbox"/> I am not now suffering nor have I ever
suffering from any mental and or
Physical disease, illness or disability
which would render me unfit for
scuba diving, scuba instructions, water
skiing, or any other water sports. |
| <input type="checkbox"/> I have a history of problems equalizing
(Popping) ears with airplane or mountain
Climbing | |

I AM SIGNING MY NAME IMMEDIATELY ABOVE THE WORDS “THIS IS AN AFFIRMATION, RELEASE AND WAIVER” SET FORTH, TO SHOW THAT I MEAN EVERYTHING THAT IS SAID, AND ALL THAT I HAVE SAID, IN THIS DOCUMENT AND I SIGN IT BEING CONSCIOUS OF IT’S IMPORTANCE.

Signature: _____
THIS IS AN AFFIRMATION, RELEASE AND WAIVER

Witness by: _____

Name: _____

Dated: _____