



PURPOSE OF THIS FORM:

This form to be completed by persons 17yrs and under traveling with an organized tour and not traveling with a parent or guardian on a day cruise with 1770reef Great Barrier Reef Eco Tours to Lady Musgrave Island & Lagoon.

Tour Name: Day Cruise Tour Date: _____

Name: _____ M / F Age: _____

Address: _____

Next of Kin: _____ Phone number: _____

Medical questionnaire:

Are you or have you ever suffered from any of the following:					
	YES	NO		YES	NO
Asthma or Wheezing			Ear surgery		
Brain, spinal chord or nervous disorder			Epilepsy		
Chest surgery			Fainting, seizures or blackouts		
Chronic bronchitis or persistent chest complaint			Heart disease of any kind		
Chronic sinus conditions			Recurrent ear problems when flying		
Collapsed lung (pneumothorax)			Tuberculosis or other long term lung disease		
Diabetes					
Are you currently suffering from:					
Breathlessness			Are you currently taking any medicine or drug (excluding oral contraceptives)		
Chronic ear discharge					
High blood pressure			Have you ingested any alcohol within the 8 hours prior to diving		
Other illness or operation in the last month					
Perforated ear drum			Are you pregnant?		

We advise that the abovementioned conditions are conditions which may be incompatible with safe snorkeling and need to be brought to our attention. If you are a poor swimmer, have never been snorkelling before or have any of the above conditions, you must wear a floatation vest when you are in the water.

Do you understand that concealment of any condition incompatible with safe snorkelling might put your life or health at risk? YES / NO

Signature _____ Date _____

Witness _____ Date _____

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Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

In consideration of permitting _____ ('my child') to participate in snorkelling activities and related operations conducted by **1770reef Great Barrier Reef Eco Tours** and its employees at 1770 Marina, 535 Captain Cook Drive, **Seventeen Seventy, Agnes Water and Lady Musgrave Island and Lagoon, QLD, Australia** beginning on the _____ day of (month) _____, 20____, I as parent or guardian for and on behalf of my child :

HEREBY acknowledge that **SNORKELLING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and / or death to my child . **I UNDERSTAND** that the snorkeling activities may be conducted at a site that is remote, either by time or distance or both, from medical facilities.

HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE 1770reef Great Barrier Reef Eco Tours, its officers, instructors, agents or employees (the Releasees) **FROM ALL LIABILITY TO MY CHILD FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS ON ACCOUNT OF INJURY TO MY CHILD OR RESULTING IN HIS/HER DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND / OR INSTRUCTION IN THE SNORKELLING ACTIVITIES, OR ANY OTHER RELATED ACTIVITIES THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY OR DEATH TO MY CHILD , now and forever, arising out of or related to participation and or instruction in the snorkelling activities or other related activities, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise. **I HEREBY SEPARATELY** agree to **INDEMNIFY** and **SAVE** and **HOLD HARMLESS** the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation of my child in the snorkelling activities, or any other related activities, whether caused by the negligence of the Releasees or otherwise.

HEREBY acknowledge that **INJURIES RECEIVED BY MY CHILD MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the State in which the activities are conducted and that if any portion of this document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As a parent or guardian, I am signing this document on behalf of my child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand that I have given up substantial rights of my child by signing it, am aware of it's legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability in respect of my child to the greatest extent allowed by law and further agree to indemnify and hold harmless Releasees on behalf of my child. I understand the risks of injury while snorkelling and am aware of the potential dangers that my child will be participating in during the snorkelling activity.

Guardians Name: _____ **Signature:** _____

Date: _____

Witness Name: _____ **Signature:** _____

Date: _____

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