

PUSHYNUSHIAMA SNORKEL

● PARTICIPANT RECORD FILE ●

Hotel: _____ The lodging days: _____ / _____ / _____
Month day year

Name: _____ Age: _____

Address: _____

Phone: _____

● EMERGENCY CONTACT INFORMATION ●

Name: _____ Relationship: _____

Address: _____

Phone: _____

● EQUIPMENT SIZE ●

Height: _____ cm

Weight: _____ kg

Foot size: _____ cm

● MEDICAL CHECK ●

Before you join the snorkelling with us, we need to know about your health.

For your own safety, please mark the following you apply:

- Frequent colds, sinusitis, or bronchitis.
- Frequent or severe attacks of hay fever or allergy.
- History of ear disease, hearing loss or problems with balance.
- Claustrophobia or agoraphobia.(fear of closed or open spaces)
- History of disease in respiratory organs. (tuberculosis, pneumonia, asthma, other)
- History of chronic disease. (heart disease, high blood pressure, diabetic, other)
- Regularly taking prescription or nonprescription medications.
- Frequently suffer from motions sickness.(sea, car, etc)
- Been pregnant or attempting to become pregnant.
- History of drug or alcohol abuse.

● STATEMENT OF UNDERSTANDING ●

Snorkelling requires a special method of breathing.
I will be responsible about below for my own safety.

- 1.The information I have provided in medical check is accurate to best of my knowledge.
- 2.During the tour, I will listen carefully to directions and respect those supervising my activity.
- 3.I will not swim under any influence of alcohol or drugs, lack of sleep, overwork, or any others that may give affections on my dive.
- 4.For the accident that may occur during the snorkelling tour, I will not claim damages or make suits against the captain, the instructor, or against any of the staffs.
- 5.I will not claim damages or state any suit against any of the staffs for any kind of accident that may occur.

Signature _____