

Dolphin Encounter

Swimming with Dolphins

Medical & Liability Disclaimer

Booking Number: _____

Tour Time: 5.30am 8.30am 12.30pm

Date of Swim: / /

Full Name: _____

Gender: Male Female

Date of Birth: / /

Home Address: _____

Country: _____

Post Code: _____

Phone No: _____

Email: _____

Emergency Contact Name: *(Not someone on the tour with you)*

Emergency Phone No: _____

IMPORTANT:


There is no guarantee of success with any tour relying on wildlife. However our refund policy is:

- On the rare occasion when we are unable to locate dolphins or any other marine mammals we will provide a partial refund back to a minimum operational charge.
- If we are unable to swim with the dolphins due to their behaviour (or any other factor) but are able to successfully view dolphins or any other wildlife we will refund back to a spectator rate.

Swimming with dolphins is physically demanding and requires a moderate level of personal fitness and good health. Please disclose any medical information which may be aggravated by low water temperatures or physical exertion.

Please tick any conditions that apply to you and provide further details below:

- Diabetes Heart Conditions Epilepsy
 High/Low Blood Pressure Pregnancy
 Respiratory Conditions *eg Asthma* Relevant Allergies
 Raynaud's Syndrome
 Other, *please specify:* _____



Do you have any physical ability or injury YES NO that could limit your freedom of movement in the water or while travelling on the boat?
If yes, please specify: _____

At the end of your swim you must be able to re-board the platform without the assistance of the crew, as shown in the picture above. Can you do this? YES NO

Please indicate your level of swimming ability and water confidence:

- I am a strong swimmer and confident in the ocean
 I can swim
 I am not a confident swimmer
 I cannot swim but would like to try

Our wetsuits will keep you afloat. Additional flotation devices are available for you at any time. I would like the use of an additional flotation device. YES NO

DECLARATION:

- I consider myself to be medically and physically fit to participate in this activity.
- I will, in the interest of safety, comply with all instructions given by the crew.
- I understand that this tour is an open ocean experience and seasickness (motion sickness) does not entitle me to a refund.
- I acknowledge that as with any outdoor or ocean-based activity, there are inherent risks and hereby take full responsibility for my health and actions, releasing Dolphin Encounter from any claim, action and/or liability.
- I understand and acknowledge the above information is true & correct and certify that I comply with the terms above.

Signature: *To be signed prior to boarding*

Signature: *To be signed prior to boarding*

Signature of Parent/Guardian (if child is under 18).

OFFICE USE ONLY

Form checked by: _____