

# SEALINK NORTH QUEENSLAND ORPHEUS ISLAND TRAVEL WAIVER & RECREATIONAL SNORKELLER MEDICAL DECLARATION

**EACH PASSENGER MUST COMPLETE THEIR OWN WAIVER**

## Passenger information & contact details

First & Last Name		Date of Birth	
Phone Number		E-mail	
Emergency contact name and phone number:			

### PLEASE READ CAREFULLY AND FILL IN ALL BLANKS BEFORE SIGNING

I (PRINT NAME) \_\_\_\_\_ hereby affirm I am voluntarily engaging in the recreational activities planned for my trip to **ORPHEUS ISLAND** which activities may include, but are not limited to: boating, snorkelling and/or other aquatic activities, transferring between vessels/ ashore and any travel activities that may be included in my trip individually and collectively referred to as "the Activities".

I acknowledge that I will be provided a safety briefing on my tour and I:

- Acknowledge and agree that my participation in the Activities is subject to SeaLink standard terms & conditions available at [www.sealink.com.au/magnetic-island/terms-and-conditions/](http://www.sealink.com.au/magnetic-island/terms-and-conditions/)
- Certify that I am fully aware of and expressly assume all risks involved in the Activities including serious injury, death or damage to property.
- Certify that the information provided in this form regarding and medical conditions or competency for the Activities is true and correct.
- Certify that I am not under the influence of alcohol or drugs and I am physically and mentally fit to undertake the Activities.
- Confirm that I am over 18 years of age or that my parent or guardian is co-signing this form consenting to my participation in the Activities.
- Agree to comply with all directions of SeaLink staff and contractors at all times while engaging in the Activities and acknowledge that I may be required to cease the Activities and/or removed from the vessel if I fail to do so and acknowledge that I participate in the Activities at my own risk.

I hereby release and discharge SeaLink, SeaLink's employee and agents from any and all actions, suits, claims, demands and costs whether arising directly or indirectly from or in connection with the Activities save for any which arise solely as a consequence of SeaLink's negligence.

#### **Privacy Statement**

In order for SeaLink to provide services to you they require you (or an individual on your behalf) to provide personal information as set out in this form. SeaLink collects, uses and stores personal information in accordance with the Privacy Act available at [www.kelsian.com/privacy-policy](http://www.kelsian.com/privacy-policy).

If you choose not to provide the personal information requested in this form, it may not be possible for SeaLink to provide services or information to you or may limit the services provided to you. The type of personal information SeaLink collects from you (and/or from the person completing this form) includes information such as the following: name, email address, phone number, date of birth, marital status; and health information (such as details about your health conditions and medications).

information about your health is "sensitive Information" for the purposes of the Act. We require your consent before we can collect, use or share your sensitive information. If you wish to seek access to your Personal Information or enquire about the handling of your personal information, please contact SeaLink on 074726 0800 or [infoqld@sealink.com.au](mailto:infoqld@sealink.com.au).

**Where you provide personal information of or on behalf of a third party, you acknowledge and agree that you are providing personal information with the relevant person's consent.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardians signature for minors

\_\_\_\_\_  
Date

## SNORKELLERS TO COMPLETE SECTION BELOW

Completing this form is required by law before all in-water activities. This information is required by Queensland Workplace Health & Safety.

### Please rate your current snorkelling experience and fitness level

Swimming ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good
Snorkelling ability	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good
Fitness level	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Good

### Please answer the following questions

Are you nervous about snorkelling today?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you snorkelled in similar conditions before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you suffering from any medical condition? If <b>YES</b> please list:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you suffering from any medical condition that may be made worse by exertion? Examples include: heart conditions, asthma, some lung diseases, chest surgery. If <b>YES</b> please list:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you suffering from any condition that may affect your consciousness? Examples include epilepsy and diabetes. If <b>YES</b> please list:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you suffering from asthma that can be brought on by cold water or saltwater mist?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you taking any prescribed medications? If <b>YES</b> please list:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**⚠ Please note:** it is recommended that persons with a medical condition and over 45 years of age intending to snorkel should snorkel in a closely supervised area for the lookout or snorkelling supervisor to better observe any issues, wear a floatation device for support and snorkel with a buddy.

**⚠ Experienced snorkellers are also at risk:** if you take repeated deep breaths before diving and try to stay under water for as long as possible, it's called 'breath-hold diving' and it can lead to unconsciousness, serious injury or death. **Please note that SeaLink strongly advises against this practice.**

I (PRINT NAME) \_\_\_\_\_ declare that:

- I have been advised that snorkelling can be a strenuous physical activity and may increase the health and safety risks to me if I am suffering from any medical condition/s that may be made worse by physical exertion (e.g. heart disease, asthma and some lung complaints), any medical condition/s that can result in loss of consciousness (e.g. some forms of epilepsy and some diabetic conditions) and asthma that can be brought on by cold water or saltwater mist.
- I have been advised to tell the lookout, snorkelling supervisor/ guide if I have any concerns about a medical condition.
- I have been advised that snorkelling can be a strenuous physical activity even in calm water and that older people are at an increased risk of death and injury due to a higher incidence of medical conditions made worse by physical exertion, such as heart disease and stroke.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent or guardians signature for minors \_\_\_\_\_

Date \_\_\_\_\_



**Don't be a statistic.  
Disclose your medical conditions.**

