

MEDICAL STATEMENT

Participant Record -- Confidential Information

Please Read Carefully Before Signing

This is a statement in which you are informed of some potential risks involved in snorkeling and of the conduct required of you during the snorkeling program. Your signature on this statement is required for you to participate in the snorkeling program offered by:

**Dive Professional Supplied by Island Dreamer Sailing LLC
Biscayne National Park Institute, Florida National Parks Association
9700 SW 328th Street, Homestead, FL 33035**

Snorkeling is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks:

To snorkel safely, you should not be extremely overweight or out of condition. Snorkeling can be strenuous under certain conditions and on this trip you will be required to climb a vertical ladder in a moving environment. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not snorkel. If you have asthma, heart disease, or other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also need to learn from the instructor the important safety rules regarding snorkeling.

Do any of the conditions described above apply to you or do you have any condition that would be contrary to safe participation in any in-water activities?

YES _____ NO _____

Marking YES means that there is a preexisting condition that may affect your safety while snorkeling and you must seek the advice of your physician prior to engaging in snorkeling activities. A positive response to a question does not necessarily disqualify you from snorkeling. A positive response means that there is a preexisting condition that may affect your safety while snorkeling and you must seek the advice of your physician prior to engaging in snorkeling activities. If you have any additional questions regarding this Medical Statement review them with your instructor before signing.

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The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature

Date

Signature of Parent or Guardian

Date

Print Name

Print Name