

Thank you for booking Seawalker.
In order to guarantee your place please fill this form and contact Seawalker staff on the boat as soon as possible.

Name: _____ Email: _____ Phone No.: _____

Sex: Male Female Age: _____ Emergency contact phone: _____

Nationality: _____ Address in Cairns: _____ Room No.: _____

MEDICAL HISTORY

Although rare, taking part in outdoor activities such as Underwater Walking, SCUBA Diving, Snorkelling, or even swimming, can place stress on your body that in extreme cases might put your health or life at risk. At Seawalker, we aim to make your Underwater Walking experience as pleasant, safe, and enjoyable as possible. Taking a few minutes to fill out this medical history questionnaire will help our qualified staff to advise you if there are any special concerns that might need to be addressed before commencing your Underwater Walk.

Are you currently:	(please tick)
Recovering from any surgery performed within the past month?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Taking any medicine (except oral contraceptives & seasickness medication)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Expecting to fly within the next 12 hours?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you pregnant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you taken any alcohol within 8 hours?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Do you now, or have you in the past had any of the following conditions?					
Tuberculosis or other Lung Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Heart Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Fainting, seizures, or blackouts	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Pneumothorax	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Nervous Disorders, Depression	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Chest surgery	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Brain, Spinal Disorders or injuries	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chronic sinus conditions	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ear surgery	YES <input type="checkbox"/>	NO <input type="checkbox"/>
High Blood Pressure BP /	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Radiation Therapy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ear problems when flying	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bronchitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>

The information I have provided concerning my medical history is true and correct to the best of my knowledge, and I understand that concealment of any condition incompatible with safe underwater activities might put me at risk.

Participant Signature: _____ **Parent/Guardian Signature:** _____ **Date:** _____

STATEMENT OF UNDERSTANDING & ASSUMPTION OF RISK:

I, (Name) _____ hereby state that I have been advised of the potential risks involved in Underwater Walking, and I acknowledge that such advice includes:

1. That Underwater Walking uses compressed air and involves a risk of decompression illness, embolism, or other hyperbaric injuries, and that these injuries might put my life or health at risk.
2. That injuries of the type referred to above may require treatment in a recompression chamber.
3. That the Underwater Walking program will be conducted at a site that is remote from a recompression chamber, and that I choose to participate in the Underwater Walking Program despite the absence of a recompression chamber at the Underwater Walking site.
4. That Underwater Walking can place stress on me, and in susceptible individuals this may cause heart attack, panic, or hyperventilation.
5. That Underwater Walking involves using equipment that could possibly malfunction and therefore put my life or health at risk.
6. That Underwater Walking necessarily involves the exposure to natural elements that include but are not limited to storm, tempest, wind, tidal surges and marine life, and that such exposure can put my life or health at risk.
7. By participating in this Underwater Walking program, I personally assume all risk in connection with this program for any harm, injury or damage that may occur to me while I am participating in this program, whether such risk is foreseen or unforeseen.
8. I acknowledge that I have read, have had explained to me, and that I understood the 'Medical History' form before signing it on behalf of myself and my heirs, and that the information I have provided on the Medical History is true and correct to the best of my knowledge.
9. I am of lawful age, and legally competent to sign this statement of understanding, or have provided the written consent of my parent or legal guardian.
10. In the event that any part of this document is proved to be inconsistent with relevant statute or legislation, then all parties agree that the document will be considered invalid only to the extent of that inconsistency.
11. I understand that these terms are contractual, and that I have signed this document of my own free will.

Release to Use Images: I hereby agree that images taken during my Seawalker Tour may be used for promotional purposes by Seawalker @ Green Island Pty Ltd or other organisations authorised by Seawalker without compensation: YES NO

CANCELLATION POLICY: No refunds will be issued once booking and payment have occurred, except in extraordinary circumstances such as medical conditions (not including seasickness) and at the discretion of the supervisor only.

LIABILITY RELEASE AND STATEMENT OF INTENT: I hereby agree that I am participating in this Underwater Walking programme of my own will, and that I will abide by the instructions given to me by Seawalker @ Green Island Pty Ltd. I agree that neither my instructor, Seawalker @ Green Island Pty Ltd, or any of its employees, officers, agents or assigns may be held liable or responsible in for any injury, death, or other damages to me or my family, heirs or assigns that might occur from my participation in this Underwater Walking program, regardless of whether such injury or damage is foreseen or unforeseen, or as a result of any negligent act or omission of any party, including Seawalker @ Green Island Pty Ltd, or any of its employees, officers, agents or assigns

Participant Signature: _____ **Parent/Guardian Signature:** _____ **Date:** _____



Seawalker®

@ GREEN ISLAND
Great Barrier Reef
Australia

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STAFF USE ONLY

Booking/Customer's Name _____	Medical Form Okay: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Voucher No. _____	Guide/Ph. _____	Form Checked By _____
Booking Agent _____	Amount \$ _____	Payment Method _____
SW Tour Time _____	GI Departure _____	Other Activity Times _____