

**MARINE CARE RICKETTS POINT INC (MCRP)**

**ACTIVITY PARTICIPATION FORM**



Name \_\_\_\_\_

Address \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Phone \_\_\_\_\_

**FITNESS TO UNDERTAKE ACTIVITY**

I acknowledge that snorkelling can be strenuous and requires a good level of fitness and health.

*I am medically and physically fit to undertake snorkelling.*

**COMPETENCY AND EXPERIENCE**

I acknowledge that competency and experience in snorkelling is required.

*I am competent and experienced in snorkelling.*

**BRIEFING NOTE**

I acknowledge that I have received, read and understood the **MCRP Snorkelling Program - Standard Briefing Notes**.

**ASSUMPTION OF RISK AND DISCLAIMER**

I acknowledge that there are inherent risks in snorkelling and that incidents causing harm can and do happen and may happen to me. These include, but are not limited to, drowning, exposure to the elements, water quality, collisions with water craft and marine bites and stings.

*I agree to release MCRP and its officers, members, volunteers and agents from all liability for my death, personal injury, psychological trauma, loss or damage (including property damage) howsoever arising from my participation in or attendance at the activity, except to the extent prohibited by law. MCRP does not make any warranty, implied or express, that the activity will be conducted with due care and skill. I have fully informed myself of the risks involved in the activity and will attend or participate in the activity at my own risk.*

*I acknowledge that MCRP does not provide any personal injury insurance for participants.*

*I acknowledge that in an emergency I may receive emergency medical treatment from a medical officer and authorise such treatment.*

**PARTICIPANT'S DECLARATION**

*I declare that the information on this form is correct and I accept the conditions of, and acknowledge the risks arising from, attending or participating in MCRP snorkelling activities.*

Signature \_\_\_\_\_ Date \_\_\_\_\_