



# Orpheus Island Research Station

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## DECLARATION OF MEDICAL CIRCUMSTANCES AND SNORKEL WAIVER

Please complete and log this form in (<https://boatndive.jcu.edu.au/>) at least 10 days prior to your trip.

### SECTION A- All visitors to Complete

Surname		Preferred Title	
First Name(s)		Date of Birth	
Phone		Email	

Have you in the past 12 months experienced any of the following conditions:

CONDITION (circle)		
Heart disease	YES	NO
High blood pressure	YES	NO
Low blood pressure	YES	NO
Asthma	YES	NO
Emphysema or any other chronic lung disease	YES	NO
Epilepsy	YES	NO
Fits or faints	YES	NO
Head injury or concussion	YES	NO
Diabetes (type_____)	YES	NO

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Are you currently known to be pregnant? YES NO

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### SECTION B- Please complete this section if you intend to **SNORKEL** or **FREE-DIVE**

PROFICIENCY					
	Competent, 200m < 5min			Competent > 15hrs experience	
Swimming	YES	NO	Breath hold diving	YES	NO
<b>FITNESS (circle)</b>	<b>Low</b>		<b>Average</b>	<b>Good</b>	
Exercise H/R >70%MHR > 3times/week	0 – 90min total		90 – 180min total	>180min	

**PLEASE READ THIS DOCUMENT CAREFULLY, AND ENSURE YOU HAVE MET ALL REQUIRED CRITERIA BEFORE SIGNING**

I ..... **hereby declare that I:**  
*(please enter name in full)*

1. Shall abide by safe snorkeling practices and will observe the directions given by the Group coordinator and any other directions that may be given to me by the James Cook University’s Staff, provided I feel that it is safe to do so.
2. During the following dates ..... to ..... I wish to undertake snorkeling whilst at James Cook University’s Orpheus Island Research Station.
3. I am aware that while snorkeling and free-diving and at Orpheus Island Research Station that:
  - I understand that James Cook University **accepts no responsibility** for any incident involving the use of any water activity facilities, materials or equipment supplied.
  - I understand the risks inherent with snorkeling and free diving related injuries may require medical treatment. I expressly assume the risk of these injuries and any cost involved in recovery or treatment, none of which shall be the responsibility of James Cook University or its staff.
  - I am aware that snorkeling and free-diving are physically demanding activities and I understand the consequences of over exerting myself. I also understand that one shall be fit to snorkel and free-dive and shall not snorkel or free- dive whilst under the influence of alcohol or any other drug regarded as a contradiction to safe snorkeling. I understand that predisposing factors elevate risks for snorkeling and free- diving and some of the controls for some of the predisposing factors include but are not limited to: hydration, physical fitness, caffeine and alcohol consumption, physical ailments, etc.
  - I understand the risks inherent with compressed air and free diving and those diving and diving related injuries may require medical treatment. I expressly assume the risk of these injuries and any cost involved in recovery or treatment, none of which shall be the responsibility of James Cook University or its staff.
  - I also agree to release James Cook University and staff from any claim or lawsuit by me, my family, estate, heirs or assigns arising out of my involvement in these activities.
4. I hereby release James Cook University and its agents from any liability due to snorkeling activities, also and free-diving activities.
5. I understand that the terms herein are contractual, that the information given on this form is true and correct and that I have signed them of my own free act.

**Signed** ..... **Date**.....

**Witnessed By** ..... **Date**.....

**Witness’ Name in Full**.....