

Snorkeling in Protected Area Consent Form

Participant Information

Full Name

Date of Birth

Contact Number

Email Address

Emergency Contact

Name

Contact Number

Health Declaration

☐ I confirm I am in good health and can participate in snorkeling activities.

☐ I understand I must inform the staff about any medical conditions or medications.

Consent & Acknowledgement

I acknowledge the inherent risks associated with snorkeling in protected areas, agree to follow all rules and instructions, and accept personal responsibility for my safety and the protection of the environment. I hereby give my consent to participate.

☐ I have read and understood the above and agree to the terms.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

