

ELIGIBILITY FOR SNORKELING

(Minimum age 10 years)



Dear Snorkeler,

For reasons of water safety, your medical history is important to us. Before you can participate in your snorkeling activity, please read this form and fill out the details below. This form can be printed and sent to us by fax: +972-8-6300103 or signed by you upon arrival.

IF YOU SUFFER FROM ANY OF THE CONDITIONS LISTED BELOW, PLEASE INDICATE UNDER THE HEADING "LIMITATIONS".

I hereby declare that I do not suffer from any of the following conditions:

Respiratory problems, sinus problems, asthma, heart problems, high/low blood pressure, ear infections, epilepsy, diabetes, recent operation or illness, claustrophobia.

I am not pregnant, do not use drugs or medication, or have any other limitations.

PLEASE NOTE:

We regret that there are NO REFUNDS for participants who arrive late or have claims regarding their activity that are not justified by the management of Dolphin Reef Dive Center.

DATE: _____

DECLARATION: NONE OF THE ABOVE

LIMITATIONS : _____

NAME/SURNAME: _____ SIGNATURE: _____