

Good day & welcome to Nautilus Aviation.

You are shortly departing to the Great Barrier Reef, the largest environmentally protected Marine Park in the world. In accordance with Queensland's Health and Safety Regulations (ab2011) to ensure you have a safe and enjoyable time whilst participating in snorkelling and swimming please take a few moments to complete this safety questionnaire. (As you are travelling to a remote location, information provided will be shared with your pilot for assistance in the unlikely event of an emergency).

<b>Name:</b>					
	<i>(First Name)</i>	<i>(Initial)</i>	<i>(Surname)</i>		
<b>Date of Birth</b>		<b>Male:</b>		<b>Female:</b>	
<b>Address:</b>					
<b>Phone:</b>		<b>Email:</b>			
<b>Emergency Contact:</b>	<b>Name:</b>				
	<b>Contact #:</b>		<b>Relationship:</b>		

## SNORKEL / SWIM MEDICAL DECLARATION

PLEASE TICK "YES" IF HAVE BEEN SUBJECT TO ANY OF THE CONDITIONS BELOW OR "NO" IF YOU HAVE NOT.

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Ear Infection
<input type="checkbox"/>	<input type="checkbox"/>	Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	Perforated Eardrum
<input type="checkbox"/>	<input type="checkbox"/>	High / Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Ear Surgery
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus (sugar diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	<input type="checkbox"/>	Fainting, Seizures or Blackouts	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Sinus condition
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Bronchitis, or persistent chest complaint	<input type="checkbox"/>	<input type="checkbox"/>	Re-occurring ear problems
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis or any other long-term lung disease	<input type="checkbox"/>	<input type="checkbox"/>	Recent illness or operation
<input type="checkbox"/>	<input type="checkbox"/>	Brain, Spinal Cord or Nervous disorder			

I FURTHER DECLARE

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I am currently taking prescription medicine (excluding oral contraception)
<input type="checkbox"/>	<input type="checkbox"/>	(Where applicable) Do you have this Medication with you for use in an emergency?
<input type="checkbox"/>	<input type="checkbox"/>	I have consumed alcohol within the past eight hours prior snorkelling or swimming.
<input type="checkbox"/>	<input type="checkbox"/>	I am pregnant
<input type="checkbox"/>	<input type="checkbox"/>	I have previously had a diving or snorkelling accident

## ADDITIONAL CONSIDERATIONS

- Have previously used snorkelling equipment?  Yes  No
- How would rate your swimming ability?  Excellent  Average  Poor
- How would rate your snorkelling ability?  Excellent  Average  Poor

If you ticked "Poor" for your snorkel / swimming ability or if you are constrained by a physical or medical condition we strongly recommend supervision whilst in the water.

Floatation devices are also recommended (please ask our staff for available options).

Snorkelling and swimming can require strenuous exertion; for this reason it is recommended you always snorkel or swim in pairs within 20 metres from the cay. In the unlikely event, that you require assistance effective action can only be implemented if you are close to the cay.

**If you require assistance during snorkelling / swimming activities, simply wave one extended arm above your head to the pilot.**

Please be aware that snorkelling & swimming may also expose you to the risk of jellyfish stings, coral injuries, exhaustion, sunburn or drowning. (Stinger suits are available and highly recommended as a precaution year round but particularly from November to May during "Stinger Season").

If you have any medical condition we should be aware of, medications or further questions please advise our staff when returning this form.

## ACKNOWLEDGEMENT OF MARINE PARK RESTRICTIONS

Please be aware you are visiting a World Heritage Marine National Park, the removal of any object (living or otherwise) is strictly prohibited.

**I UNDERSTAND THAT THE CONCEALMENT OF ANY CONDITION IS INCOMPATIBLE WITH SAFE SNORKELLING OR SWIMMING AND MAY PUT MY HEALTH OR LIFE AT RISK.**

**LIABILITY RELEASE AND ASSUMPTION OF RISK**

I \_\_\_\_\_ hereby acknowledge and agree that;

- Snorkelling and swimming carries with it some degree of possible risk to my person and / or property.
- Snorkelling and swimming are both considered “strenuous” activities and I will be exerting myself.
- The swimming / snorkelling activities I am to participate in are conducted from sites that are considered “remote” either by time or by distance where medical attention is not immediately available.
- If I am injured as a result of but not limited to conditions such as heart attack, panic attack, hyperventilation, accident or illness I will accept and assume full and absolute responsibility for risk, injury or damage occurred to myself and my property whether foreseen or unforeseen.
- I consent to receive medical treatment if deemed necessary by the Released Parties in the case of injury, accident or illness during the course of swimming, snorkelling or otherwise.
- I hereby indemnify Nautilus Aviation in respect of the costs of such treatment.
- I will inspect all snorkelling equipment prior to commencing the activity and will notify Nautilus Aviation if any of my issued equipment is not working properly. (I will not hold Nautilus Aviation responsible for my failure to inspect my issued equipment prior to use).

I declare I am;

- In good physical and mental fitness and have no known condition or injury that could be affected by swimming or snorkelling.
- I am not under the influence of alcohol or drugs that could affect my abilities.
- If taking medication I have consulted a physician and have approval to participate in swimming / snorkelling activities whilst under the influence of said medication.

I understand the conditions of the location I am to visit and potential risks associated with swimming / snorkelling at a remote location and freely choose to proceed with this tour.

In doing so I exempt and release indemnity of Nautilus Aviation Pty Ltd (including any of their respective employees) from all liability, damages, expenses or responsibility for personal injury, property damage or wrongful death relating to my participation in snorkelling / swimming activities whilst on this tour.

- (a) I am under no legal disability or restriction and freely enter into my agreement with Nautilus Aviation Pty Ltd
- (b) I declare I am of lawful age and legally competent to sign this liability release (or I have acquired the written consent of my legal parent or guardian).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Crew Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ACKNOWLEDGEMENT OF SPECIAL CONDITIONS FOR SAND CAY TOURS

- The tour will involve a Scenic Helicopter flight to Vlassof (Middle) Cay that is part of the Great Barrier Reef Marine Park.
- There will be approximately two hours free time on the Cay followed by a return helicopter flight to Cairns
- A condition imposed by the Great Barrier Reef Marine Park Authority (GBRMPA) for all commercial helicopter operators conducting tourist activities to Vlassof Cay that a landing is strictly prohibited in the event of the cay being already occupied by another aircraft, passengers from a vessel or any members of the general public.
- In the event that Nautilus Aviation are unable to land due to the presence of another aircraft, vessel or members of the general public the flight will continue to an alternate beach location.

ACCEPTANCE OF SPECIAL CONDITIONS

I \_\_\_\_\_ understand and accept that special conditions apply for undertaking this tour.

I understand that in the interest of safety Nautilus Aviation must abide by Marine Park operating restrictions with regarding to prohibiting landings in instances where the cay is already occupied.

I understand in the event of an alternate itinerary being required the location shall be determined at the time in consultation with the pilot.

I also understand that the pilot in command shall have the final say on that itinerary with regard to safety and weather conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_