

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).

| Name: | | | | | | | | | | |
|-----------------------|--|--------|---|--------|---------|---------------|---------|---------------------------|-----------|--|
| | | | (First Name) (In | | | nitial) | | | (Surname) | |
| Date of Birth | | | | | | | Male: | | Female: | |
| Address: | | | | | | | | | | |
| Phone: | | | | | Email: | | | | | |
| Emergency Contact: | | | Name: | | | | | | | |
| | | | Contact #: | | | Relationship: | | | | |
| | | | SNORKEL , | / SWIM | MEDICAL | . DE | CLARA | TION | | |
| PLEAS | PLEASE TICK "YES" IF HAVE BEEN SUBJECT TO ANY OF THE CONDITIONS BELOW OR "NO" IF YOU HAVE NOT. | | | | | | | | | |
| YES | NO | | | | | YES | s no | | | |
| | | Asthn | na or Wheezing | | | | | Chronic Ear Infection | | |
| | | Breat | hlessness | | | | | Perforated Eardrum | | |
| | | High / | / Low Blood Pressure | | | | | Ear Surgery | | |
| | | Diabe | etes Mellitus (sugar diabetes) | | | | | Epilepsy | | |
| | | Fainti | ng, Seizures or Blackouts | | | | | Chronic Sinus condition | | |
| | | Chron | nic Bronchitis, or persistent chest complaint | | | | | Re-occurring ear problems | | |
| | | Tuber | culosis or any other long-term lung disease $\ \Box$ $\ \Box$ Recent illness or opera | | | | eration | | | |
| | | Brain, | , Spinal Cord or Nervous disorder | | | | | | | |
| I FURTHER DECLARE | | | | | | | | | | |
| YES | NO | | | | | | | | | |
| | | I am c | currently taking prescription medicine (excluding oral contraception) | | | | | | | |
| | | (Whe | re applicable) Do you have this Medication with you for use in an emergency? | | | | | | | |
| | | I have | e consumed alcohol within the past eight hours prior snorkelling or swimming. | | | | | | | |
| | | I am p | pregnant | | | | | | | |
| □ □ I hav | | | e previously had a diving or snorkelling accident | | | | | | | |
| | | | | | | | | | | |



ADDITIONAL CONCIDEDATIONS

| 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 Condition we strongly recommend supervision w Floatation devices are also recommended (pleas | whilst in the wat | er. | |
| Snorkelling and swimming can require strenuou snorkel or swim in pairs within 20 metres from teffective action can only be implemented if you | the cay. In the u | nlikely event, t | |
| If you require assistance during snorkelling / sw your head to the pilot. | vimming activiti | ies, simply wa | ve one extended arm above |
| Please be aware that snorkelling & swimming mainjuries, exhaustion, sunburn or drowning. (Sting precaution year round but particularly from Nov | ger suits are ava | ilable and high | ly recommended as a |
| If you have any medical condition we should be our staff when returning this form. | aware of, medic | ations or furth | er questions please advise |
| ACKNOWLEDGEMENT OF MARINE PARK RESTRI | CTIONS | | |
| Please he aware you are visiting a World Heritag | e Marine Natio | hal Park the re | emoval of any object (living or |

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 | nereby 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.



SAND CAY Passenger Snorkel, Swim

& Medical Declaration

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 a Sand Cay (Vlasoff Cay ex Cairns or Port Douglas and Undine Cay ex Port Douglas) 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 Your departure point.
- A condition imposed by the Great Barrier Reef Marine Park Authority (GBRMPA) for all commercial helicopter operators conducting tourist activities to Vlasoff Cay and Undine 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 passengers will receive an extended reef scenic flight back to the your departure point. Passengers will be able to keep their picnic lunch and our reservations team will advise and assist with any refunds applicable.

| ACCEPTANCE OF SPECIAL CONDITIONS | |
|---|---|
| | understand and accept that special conditions apply for |
| undertaking this tour. | |
| • | Nautilus Aviation must abide by Marine Park operating landings in instances where the cay is already occupied. |
| • | being occupied that an extended reef scenic flight back to your point 4 "ACKNOWLEDGEMENT OF SPECIAL CONDITIONS FOR SAND |
| I also understand that the pilot in comma and weather conditions. | and shall have the final say on that itinerary with regard to safety |
| Signature: | Date: |
| Printed Name: | |