



Medical Statement and Liability Release

Surname: _____ **Given Name:** _____
Address: _____
Date of Birth: ____ / ____ / ____ **Age:** ____ **Male** **Female:**
Emergency Contact _____ **Hotel** _____ **Room #** _____
E-Mail Address _____ **Date of Arrival** _____ **Departure Date** _____

I, (name) _____ hereby formally declare that I have not suffered from, or now suffer from, any of the following and I am not currently subject to any of the following:

	Yes	No		Yes	No
Brain, spinal cord or nervous disorder			Asthma or wheezing		
TB or other long-term lung disease			Collapsed lung		
Bronchitis or persistent chest complaint			Diabetes mellitus		
Chronic ear infection			Epilepsy		
Chronic sinus condition			Breathlessness		
Fainting, seizures or blackouts			High blood pressure		
Other illness or any operations			Heart disease		
Ear problems when flying			Chest surgery		
Any prescription medicine			Ear surgery		
Any alcohol within the last 8 hour period			Perforated eardrum		
Flight within 12 hours after dive			Pregnancy		

I understand that the concealment of any condition incompatible with safe diving might place my life or health at risk. **Signature:** _____

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE MEDICAL STATEMENT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. THE INFORMATION PROVIDED ON THE MEDICAL STATEMENT IS ACCURATE TO THE BEST OF MY KNOWLEDGE. BY THIS INSTRUMENT I RELEASE MY INSTRUCTORS, SCUBA-DOO MAURITIUS AND TWENTIETH LATITUDE DESTINATIONS LTD, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

Signature of participant (or legal guardian) _____ **Date:** _____

Staff Use Only:			Staff Sign
Cash	T/C	Visa/Master	

*Cancellation policy 100% refund before arrival at Dive Center and/or failure of Medical Check