

# INDEPENDENT SNORKELLER FORM

Snorkeller	
Name	Age or Date of birth
Address	
Email	Phone
Nationality	Today's date

Emergency contact (This should be someone who is NOT at Lizard Island with you)	
Name	Relationship
Address	
Email	Phone
Is this person your legal next-of-kin? YES/ NO If not, who is?	

Medical and ability assessment	Circle one answer for each question		
Do you have a medical condition that can be made worse by physical exertion (e.g. heart disease, asthma, some lung complaints) or brought on by cold water or salt water mist (e.g. asthma). <i>If YES or MAYBE, note condition:</i>	Yes	Maybe	No
Do you have a medical condition that can result in loss of consciousness (e.g. some forms of epilepsy, some diabetic conditions)? <i>If YES or MAYBE, note condition:</i>	Yes	Maybe	No
Are you taking any prescribed medications (other than oral contraceptives)? <i>If YES, please list:</i>	Yes		No
What is your level of physical fitness for your age?	Poor	Average	Good
Do you smoke?	Yes		No
Are you overweight?	Yes	A bit	No
Can you swim 100 metres in a pool?	No	With difficulty	Easily
Can you swim 100 metres in choppy seawater?	No	With difficulty	Easily
What is your level of snorkelling experience?	None	Low-Medium	High
How often have you snorkelled without supervision?	Never	Rarely	Often
How often have you snorkelled in choppy, windy seas?	Never	Rarely	Often

Risk assessment	
Answer YES or NO where required and initial each other statement to indicate your agreement	
Initials	I have read and understood the document <i>Risk Assessment for Independent Snorkelling</i> .
YES or NO	As far as I can determine, all hazards involved in my planned boating, swimming and snorkelling activities are identified in the <i>Risk Assessment for Independent Snorkelling</i> and I consider that the control measures listed are adequate and appropriate for the perceived risks ( <i>If NO, an additional risk assessment must be completed</i> ).
Initials	I will implement the control measures identified in the <i>Risk Assessment for Independent Snorkelling</i> (and any additional risk assessment, if completed) to reduce the risks to an acceptable level.
Initials	I understand the risks inherent in the snorkelling and boating activities that I plan to carry out while staying at LIRS and that my participation may result in my death or serious injury. I understand that these risks include the risk of drowning, injuries caused by vessels and other perils of the sea including marine life. I knowingly and voluntarily agree to accept these risks.
Initials	I believe that my level of fitness is adequate for undertaking my planned snorkelling activities and I will not overexert myself.
Initials	I authorise any relevant medical treatment as a result of any injury I may suffer during these activities and I understand that I will be responsible for all costs associated with that medical treatment.
Initials	I have been advised that snorkelling can be a strenuous physical activity even in calm water and that older persons are at an increased risk of death and injury due to a higher incidence of medical conditions made worse by physical exertion, such as heart disease and stroke.
Initials	I have been advised to inform the LIRS Diving Officer if I have any concerns about a medical condition affecting my ability to snorkel safely and not to enter the water until those concerns have been addressed.
Initials	I will reassess environmental conditions and other hazards prior to each snorkelling activity and I will not undertake the activity if the level of risk is unacceptable to me.
Initials	I will NOT use a weight belt until I have obtained approval from the LIRS Diving Officer. If I use a weight belt, I will ensure that it remains clear for easy removal in an emergency.

Snorkeller's statement	
Initials	I agree to follow the <i>LIRS Independent Snorkelling Regulations</i> and, if applicable, the <i>LIRS Boating Regulations</i> .
Initial ONE statement below that applies to you:	
Initials	I am a <b>CONFIDENT SWIMMER</b> and I accept responsibility for my own safety while undertaking these activities. I also accept responsibility for the safety of any children who are also listed on this form.
Initials	I am <b>NOT CONFIDENT</b> to swim alone but I am confident to undertake these activities when accompanied by the person indicated below and I accept responsibility for my own safety while snorkelling or swimming.
If NOT confident swimming or snorkelling alone, <b>print name of accompanying person</b>	
If NOT confident swimming or snorkelling alone, <b>signature of accompanying person</b>	
Signature of snorkeller	Date

## Additional risk assessment for Independent Snorkelling

This assessment is in addition to the *Risk Assessment for Independent Snorkelling* that has been read and understood by the snorkeller as indicated on his/her Independent Snorkeller Form. It addresses additional and/or specific hazards that are identified at any stage during the trip. For example, it may cover planned activities that are not considered in the broader risk assessment and it may address specific medical or fitness conditions that are revealed during induction.

Snorkeller's name: \_\_\_\_\_

Hazard	Risk Control Measures	Initials & Date