



SNORKELLING AND AQUA JETTING

Safety Information

All participants must be included on this form. The form must be completed by a parent or guardian for any participant under 18 years of age.

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All personal data provided in this form relating to you and any named children will be processed by Center Parcs for the purposes of providing the activity. For more information about how we handle your personal data please see our full privacy policy available on our website or on request from Guest Services

I understand that Snorkelling and Aqua Jetting are physically strenuous activities and that I will be exerting myself during this session.

For your own safety & comfort:

- The minimum age for participants is 8 years
- You will receive a full safety briefing prior to the session
- You may not participate in this activity under the influence of alcohol
- You must follow all instructions given by instructors during the activity
- **You must be able to swim a length of the pool unaided.**
- **For Aqua Jetting, all hair must be tied back and there must be no loose parts to swimming costumes that could become entrapped in the Aqua Jet.**

Name of Participant	Age	Signature (Participant/Parent/ Guardian where participant is under 18)	Can participants under 18 leave the session alone?	Villa/Lodge/ Apartment Number	Date	Emergency Contact Point for Parent/Guardian of participants under 18
			YES / NO			
			YES / NO			
			YES / NO			
			YES / NO			
			YES / NO			

Center Parcs does not accept any liability for any loss (including theft), damage to belongings or personal injury unless due to our negligence or any other breach of duty

**PLEASE READ MEDICAL QUESTIONNAIRE
AND ANSWER QUESTIONS OVERLEAF**



SNORKELLING AND AQUA JETTING

Medical Questionnaire

Please note that these activities involve some physical exertion.

You must not participate in this activity if any of the following apply to you, without first obtaining your doctor's written approval which we will need to see before allowing you to take part.

- Suffering from an ear infection
- You suffer from heart disease, high or low blood pressure or any cardiovascular problem unless Satisfactorily controlled by appropriate medication/treatment.
- Undiagnosed pains in your heart or chest, particularly associated with minimal effort.
- Breathing difficulties, including asthma where this is not satisfactorily controlled by medication.
- Epilepsy where this is not satisfactorily controlled by medication.
- Back pain or limited movement in any joint, particularly where this is made worse by exercise.
- You are recuperating from any serious illness, injury or operation.
- You are currently pregnant or have recently given birth and experienced any difficulties during pregnancy.
- You are taking medication which may cause drowsiness.
- You have frequent episodes of feeling faint or spells of dizziness.
- You are under the influence of alcohol or drugs.

Do any of the above apply to any of your party?

YES / NO (delete as appropriate)

If YES, please provide details and please attach any medical consents received from your doctor:

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.....

(Please attach any medical consents received from your doctor.)

Are you aware of any other medical history or disability that may affect your ability to undertake the activity?

YES / NO

(delete as appropriate)

If YES, please provide details:

.....

Instructor Signature:

Whilst every effort will be made to accommodate your needs, your safety is our first consideration and it may be necessary to review your involvement in the activity.

If you have any concerns upon any of these matters, please discuss these with an instructor prior to arrival for the session.

Declaration for participants over eighteen

I confirm that I have read and will abide by all of the information provided on both sides of this leaflet and that the information provided by me is true to the best of my knowledge.

Declaration and consent for Emergency Medical Treatment for participants under the age of eighteen (to be completed by parent/legal guardian)

I confirm that the participant has read and will abide by all the information provided on both sides of this leaflet and that the medical information provided regarding him/her is true to the best of my knowledge. I give permission for a member of staff to obtain urgent medical treatment for the participant named on this card. This may include life saving surgery, or emergency treatment recommended by a doctor or dentist for an acute condition to alleviate pain.

**PLEASE READ SAFETY INFORMATION
AND SIGN THE DECLARATION OVERLEAF**