F11/0209 -AUSI Snorkel & Scuba Diving Participation Agreement (Under 18)

This form must be used for all Participants under the age of 18 years and must be attached to a completed AUSI Form 10 (0201).

Liability Release and Indemnity Agreement for Participants under the age of 18 years.

Child One

In consideration of the Participant being permitted to undertake the Activity I, _____, being at least eighteen years of age and the parent or legal guardian of the Participant, on behalf of myself and the Participant, agree to be bound by the terms and conditions of this agreement. I hereby acknowledge that I have read and understood this agreement, in particular, the Statement of Limitations, Notice of Warning of some of the risks inherent in the activities of snorkel and scuba diving and the Liability Release and Indemnity Agreement and hereby give my consent to the Participant participating in the Activity with full knowledge of the inherent risks involved.

I expressly acknowledge that the Participant is in good health and that I am not aware of any medical or health reason why he/she should not participate in scuba or snorkel diving and that I have fully and truthfully disclosed to the Dive School and any doctor examining him/her for the purpose of determining his/her fitness to dive:-

(i) any medical or health condition suffered by or affecting him/her of which he/she is aware;

(ii) all medications or drugs which he/she is taking or takes from time to time;

SIGNED SEALED AND DELIVERED on the ……..…day of …….. (Month) …….. (Year) by the said

[Name of Father/Mother/Legal Guardian] ……..…. Signature: …….

in the presence of

[Name of Witness] ……..…..... Witness's Signature: …….

Child Two

In consideration of the Participant being permitted to undertake the Activity I, _____, being at least eighteen years of age and the parent or legal guardian of the Participant, on behalf of myself and the Participant, agree to be bound by the terms and conditions of this agreement. I hereby acknowledge that I have read and understood this agreement, in particular, the Statement of Limitations, Notice of Warning of some of the risks inherent in the activities of snorkel and scuba diving and the Liability Release and Indemnity Agreement and hereby give my consent to the Participant participating in the Activity with full knowledge of the inherent risks involved.

I expressly acknowledge that the Participant is in good health and that I am not aware of any medical or health reason why he/she should not participate in scuba or snorkel diving and that I have fully and truthfully disclosed to the Dive School and any doctor examining him/her for the purpose of determining his/her fitness to dive:-

(iii) any medical or health condition suffered by or affecting him/her of which he/she is aware;

(iv) all medications or drugs which he/she is taking or takes from time to time;

SIGNED SEALED AND DELIVERED on the ……..…day of …….. (Month) …….. (Year) by the said

[Name of Father/Mother/Legal Guardian] ……..…. Signature: …….

in the presence of

[Name of Witness] ……..…..... Witness's Signature: …….

Child Three

In consideration of the Participant being permitted to undertake the Activity I, _____, being at least eighteen years of age and the parent or legal guardian of the Participant, on behalf of myself and the Participant, agree to be bound by the terms and conditions of this agreement. I hereby acknowledge that I have read and understood this agreement, in particular, the Statement of Limitations, Notice of Warning of some of the risks inherent in the activities of snorkel and scuba diving and the Liability Release and Indemnity Agreement and hereby give my consent to the Participant participating in the Activity with full knowledge of the inherent risks involved.

I expressly acknowledge that the Participant is in good health and that I am not aware of any medical or health reason why he/she should not participate in scuba or snorkel diving and that I have fully and truthfully disclosed to the Dive School and any doctor examining him/her for the purpose of determining his/her fitness to dive:-

(v) any medical or health condition suffered by or affecting him/her of which he/she is aware;

(vi) all medications or drugs which he/she is taking or takes from time to time;

SIGNED SEALED AND DELIVERED on the ……..…day of …….. (Month) …….. (Year) by the said

[Name of Father/Mother/Legal Guardian] ……..…. Signature: …….

in the presence of

[Name of Witness] ……..…..... Witness's Signature: …….

Copyright © 2009 AUSI Pty Ltd ACN 062 887 969