



DIVE.IS
PADI 5 STAR DIVE CENTER



SILFRA SNORKELING TOUR

ASSUMPTION OF RISK AND RELEASE FOR SNORKELING ACTIVITIES

We ask you to confirm the following:

- I am taking this trip of my own free will.
- I consider myself completely able to take part in this trip based on my level of fitness and experience as a snorkeler or swimmer.
- I am aware that Silfra is an extreme environment concerning water temperature.
- I have familiarized myself with DIVE.IS' instructions and safety rules and agree to follow them in every respect.
- I am aware that this trip may include some hazards including inherent danger involved in snorkeling, including but not limited to risks associated with equipment failure, weather conditions, actions of other divers/snorkellers and poor judgement.
- I have notified the tour guide of any illness that could affect my ability to take part in this trip (included but not limited to: epilepsy, asthma, diabetes) and the medication that I take for them.
- I am not pregnant
- I will inspect my personal equipment and rental equipment and will notify my guide if the equipment is not suitable for use.
- I am aware that the operator's liability extends only to accidents that derive from defects in or incorrect use of equipment by the company's employees and/or carelessness on their part. I myself bear all responsibility for damage caused by me due to carelessness or failure to follow set/given/published instructions.
- I am liable for all personal property taken by me on this trip.
- I consider myself physically, mentally, psychologically and medically fit to do this snorkel trip.
- I am not under the influence of alcohol or intoxicating substances.
- I am aware that the tour may be altered or cancelled due to weather and safety conditions at the discretion of the dive guide without notice or alteration of tour price.
- I am aware that I am not eligible for a refund after the tour departs regardless of my participation in the snorkel.

DATE OF TOUR: _____

Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

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Full Name: _____

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Full Name: _____

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Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

Full Name: _____

Emergency Contact info: _____

Signature of parent/guardian for participants under the age of 18:

Full Name: _____

On behalf of: _____

Full Name: _____

On behalf of: _____

PLEASE GIVE THIS PAPER BACK TO YOUR GUIDE

- ENJOY YOUR TOUR -