

Reviewed by:	

(SeaTREK® Guide Name)

Participant Record & Liability Release

Name	e (complete):		
Birth	Date: / /		
Street	Address:		
City:			
State /	Country:	Zip Code:	
	e: E-mail:	_	
Emer	gency Contact:		
Emer	gency Number:		
YES or N	swer the following questions on your parts. O. A positive response does not necessarith your responses. Do not put your hear	rily disqualify you from Sea TREK . Be	
1.	Are you more than 3 months pregnant?		
2.	Do you have a history of heart attacks, stroke	es or heart disease?	
3.	3. Do you have asthma or wheezing with breathing or exercise?		
4.	Do you currently have a cold, sinusitis or bro	onchitis?	
5.	Do you have any form of lung disease?		
6.	. Do you have epilepsy, seizures or convulsions or take medications to prevent them?		
7.	Do you have a history of blackouts or fainting	g?	
8.	8. Have you ever had a diving accident or decompression sickness?		
9. Do you have high blood pressure or take medicine to control it?			
10.	Have you ever had heart surgery, angina or b	lood vessel surgery?	
11.	Do you have a history of bleeding or blood d	isorders?	
12.	12. Do you have any history of diabetes affecting your ability to participate in a strenuous activity		
13.	Are you currently under the influence of dru	gs or alcohol?	
14.	Do you have a history of ear or sinus surgery	?	
15.	Do you have a history of ear disease, hearing	loss or problems with balance?	
16.	Do you have problems equalizing (popping)	ears with airplane or mountain travel?	
If you have a	answered YES to any of the above questions, you	must be cleared to Sea TREK by a physician.	
has cleare have prov		dive. I also verify that the information I rate and complete. I agree that I will not	
Signed:		Date: / /	
		REVIEW / SIGN REVERSE SIDE	



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