**Lundy MPA Snorkel Safari Booking Form 2024**



*Please read the following information carefully*

**Medical Fitness**

Snorkelling, whether in a swimming pool or open water, requires good physical fitness and health. Anyone with a history of diabetes, migraines, epilepsy, seizures or blackouts, perforated eardrums, high blood pressure, angina or heart disease, any lung or respiratory disorder (including asthma), current cold or congestion, recurrent skeletal or muscular problems, behavioural health, mental or psychological problems, blood disorders, hernias, stomach ulcers, ear problems, a severe/chronic medical condition or taking medication on a regular basis should not participating in snorkelling without first consulting a specialist diving medical referee. You must not snorkel under the influence of drugs and/or alcohol.

Every participant **must** complete a declaration form below. Participants must be over 10 years of age. A parent/guardian must sign the declaration form for any participant under 18 years of age.

**Remember** the participant is the individual at risk if a false declaration is made.

*Your safety is paramount. The snorkel instructor reserves the right to refuse a participant if medical history gives cause for concern.*

**Booking details**

|  |  |
| --- | --- |
| **Snorkel safari session date** |  |
| **Overall group size**  *Please submit a separate booking form for every participant* |  |
| **Name** |  |
| **Age** |  |
| **Address** |  |
| **Where are you staying on Lundy?** |  |
| **Next of kin name and contact number** |  |
| **Is your next of kin also staying on the island?**  *If yes, please state which property:* | * Yes * No   **………………………………………….** |

*Please select your wetsuit size, shoe size and level of experience.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Men’s**  *Wetsuit size* | * Small * Medium * Large * X Large | **Women’s**  *Wetsuit size* | * 6 * 10 * 14 * 18 | * 8   12  16 |
| **Children’s**  *Wetsuit size* | * Small * Medium * Large   X Large | **Shoe size**  *Fins* | * 1-2 * 4-5 * 7-8 * ☐ 9-10 | * 3-4   6-7   * 8-9   ☐ 11-13 |
|  |  |  |  | |
| **Experience** | * Absolute beginner (never snorkelled before) * Some previous experience * Very experienced snorkeller | | | |

**Declaration**

To the best of my knowledge, I certify that I / “the participant” have not suffered from any conditions listed above. I agree to accept responsibility for any omissions regarding my failure to disclose any existing or past health condition.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

*Please email completed booking forms by to* [*reception@lundyisland.co.uk*](mailto:reception@lundyisland.co.uk)