

Exhibit A

Participant Record and Liability Release Form

(Also available in: Arabic, Chinese, Dutch, French, German, Italian, Japanese, Korean, Portuguese, Russian and Spanish)



Reviewed by:

(SeaTREK® Guide Name)

PARTICIPANT RECORD & LIABILITY RELEASE

Name (complete): _____
Birth Date: ____ / ____ / ____
Street Address: _____ City: _____
State / Country: _____ Country Code: _____
Phone: (____) ____ - ____ E-mail: _____
Emergency Contact: _____
Emergency Number: (____) ____ - ____

Please answer the following regarding your past and/or present medical history with a YES or NO. If you answer yes to the following questions, you will not be able to participate in SeaTREK. You must be honest with your responses. Certain pre-existing medical conditions can lead to injury or death. Do not put your health at risk.

Do you have any of the following conditions?

- 1. Are you or could you be pregnant?
2. History of heart attacks, strokes, heart disease, angina, heart or blood vessel surgery?
3. Epilepsy, blackouts, fainting, convulsions, or take medication(s) to prevent them?
4. Any form of lung disease?
5. Asthma or wheezing with breathing or exercise?
6. Currently under the influence of drugs or alcohol?

Please answer the following regarding your past and/or present medical history with a YES or NO. A positive response may not disqualify you from SeaTREK. You must be honest with your responses. Certain pre-existing medical conditions can lead to injury or death. Do not put your health at risk.

Do you have any of the following conditions?

- 7. Current cold, bronchitis or sinus related issues?
8. Problems equalizing (popping) ears with airplane or mountain travel?
9. Have had sinus or ear surgery?
10. History of bleeding, blood disorders, high blood pressure or take medication(s) to control it?
11. History of diabetes affecting your ability to participate in a strenuous activity?

If you answered YES to question(s) 7, 8, 9, 10 or 11, you must be cleared by a physician to participate.

I, _____ (print full name), verify that a physician is aware of my current medical status and medical history and has cleared and released me in writing to swim, snorkel or dive. I also verify that the information I have provided about my medical history is accurate and complete. I agree that I will not fly within 4 hours after completing the SeaTREK excursion.

Signature of Participant: _____ Date: ____ / ____ / ____

Signature of Parent or Legal Guardian: _____ Date: ____ / ____ / ____
(if Participant is under the age of 18)

REVIEW / SIGN REVERSE SIDE