

Experiencing Marine Reserves www.emr.org.nz Participant and supervisor form (school obtains students permissions)	Date:		Location:
	EMR Leader Name:		Group/School Name:
<p>I hereby acknowledge the risks associated with snorkelling. I fully understand and have read the potential risks and risk reduction strategies. I agree to disclose any medical conditions on this form (note that some medical conditions may affect your ability to participate or supervise the snorkel activity) and to the EMR snorkel leader. I acknowledge that it is my responsibility to have medication on hand. I agree to follow the instructions of the EMR snorkel leader and also give permission for EMR and sponsors to use images/or video footage to be used for promotion of EMR (including internet, social media, programme websites, resources, newspapers and publications). I have read the paragraph above and have verbally received the activity briefing and I agree to be bound by it.</p>			
Participant definition and role	A person who takes part in the snorkel activity (if numbers allow), no responsibility for others		
Supervisor definition and role	Person or persons responsible for supervising a student buddy group, assisting group to exercise snorkel skills and following instructions of the EMR snorkel leader/instructor. Supporting the snorkel activity, by taking responsibility for others within the activity <i>The role of 'supervisors' is to assist and supervise the student's in-water and are expected to be confident swimmers, fit and healthy and free from the influence of drugs or alcohol.</i>		
Name			
Can you swim 200m (Y/N)			
Previous snorkel experience? (Y/N)			
Medical conditions Please let us know about any medical conditions that may affect your abilities in the water. <i>Any conditions or recent surgery that may affect ability to snorkel safely ? e.g. ear damage, slipped disk or knee surgery</i>	Diabetes		
	Asthma		
	Epilepsy		
	Heart condition		
	Allergies		
	Other/Surgery		
Emergency contact	Name:		Phone:
Preferred role for the day	Participant or supervisor? Please circle		
Are you using your own equipment today and is it fit for purpose? <i>Please circle answer on right</i>	Yes and I can confirm that I am familiar with this gear and I have/will conduct a buoyancy check (if using a weight belt) No I will use EMR's Some I will use a mixture of both with no weight belt		
Signature			
Contact email (if you wish to receive the EMR newsletter)			
Privacy Act 2020	<i>For more information , including why we are collecting this information and who will receive the information, please see our privacy statement on www.emr.org.nz In the event requested information is not provided, it will be at the [coordinator/snorkel leader] discretion whether participation is permitted.</i>		

Snorkel leader approval (tick one role)

Supervisor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Participant	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>