

<b>Experiencing Marine Reserves</b> <a href="http://www.emr.org.nz">www.emr.org.nz</a>	<b>Date:</b>	<b>Location:</b>
<b>Participant and supervisor form</b> <b>(school obtains students permissions)</b>	<b>EMR Leader Name:</b>	<b>Group/School Name:</b>
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 agree for my photo to be taken and used for promotion (including internet). I have read the paragraph above and have verbally received the activity briefing and I agree to be bound by it.		
<b>Participant definition and role</b>	A person who takes part in the snorkel activity (if numbers allow), no responsibility for others	
<b>Supervisor definition and role</b>	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>	
<b>Name</b>		
<b>Can you swim 200m (Y/N)</b>		
<b>Previous snorkel experience? (Y/N)</b>		
<b>Medical conditions</b> 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	
<b>Emergency contact</b>	<b>Name:</b>	<b>Phone:</b>
<b>Preferred role for the day</b>	<b>Participant or supervisor? Please circle</b>	
<b>Are you using your own equipment today and is it fit for purpose?</b> <i>Please circle answer on right</i>	<b>Yes</b> and I can confirm that I am familiar with this gear and I have/will conduct a buoyancy check (if using a weight belt) <b>No</b> I will use EMR's <b>Some</b> I will use a mixture of both with no weight belt	
<b>Signature</b>		
<b>Contact email</b> (if you wish to receive the EMR newsletter)		

**Snorkel leader approval (tick one role)**

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