

# Dolphin Encounter

Swimming with Dolphins

## Medical & Liability Disclaimer

Booking Number: \_\_\_\_\_

Tour Time:  5.30am  8.30am  12.30pm

Date of Swim:        /        /

Full Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth:        /        /

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: *(Not someone on the tour with you)*  
\_\_\_\_\_

Emergency Phone No: \_\_\_\_\_

### IMPORTANT:

- As with any wildlife experience there are no guarantees of success. In the unlikely event that we are unable to locate dolphins or any other marine mammals, there will be a partial refund to a minimum operational charge. If we are unable to swim with the dolphins, due to their behaviour (or any other factor), we will refund back to a spectator rate.
- Swimming with dolphins in Kaikoura in the open ocean can be a strenuous activity that requires general physical fitness and good health. Sea conditions can be variable and water temperatures are generally relatively low. Should you have a medical history or have a condition that may be aggravated by such conditions, it is important to disclose any such information in order to assist our crew in managing operations. Such conditions could be (but are not restricted to); diabetes, epilepsy, high/low blood pressure, heart conditions, any respiratory conditions, pregnancy or any allergies.

Please tick answers

Do you have any health conditions/allergies, such as the above?  YES  NO  
*If yes, please specify:*  
\_\_\_\_\_

Swimmers require sufficient physical ability to enable themselves to get back onto the boat's boarding platform without assistance.

I am confident in my ability to re-board the boat's boarding platform unaided.  YES  NO

Do you have any physical disability injury that could limit your freedom of movement; e.g. back, knee or shoulder problems, recent surgery etc? *If yes, please specify:*  YES  NO

For your benefit it is helpful for our crew to know the level of confidence you have in swimming in the open ocean. *Please indicate which is applicable to you:*

I am a good/confident swimmer.

I am able to swim.

I am not a confident swimmer.

I cannot swim.

Our wetsuits are very buoyant and will keep you afloat. Additional buoyancy aids are available for you at any time.

I would like the use of an additional buoyancy aid/float.  YES  NO

I would like extra assistance from the crew. *Please specify:*  
\_\_\_\_\_

### DECLARATION:

- I consider myself to be medically and physically fit to participate in this activity.
- I will, in the interest of safety, comply with all instructions given by the crew.
- I understand that this tour is an open ocean experience and seasickness (motion sickness) does not entitle me to a refund.
- I acknowledge that as with any outdoor or ocean-based activity, there are inherent risks and hereby take full responsibility for my health and actions, releasing Dolphin Encounter from any claim, action and/or liability.
- I understand and acknowledge the above information is true & correct and certify that I comply with the terms above.

Signature: \_\_\_\_\_

Signature of Parent/Guardian (if child is under 18): \_\_\_\_\_

Signature: \_\_\_\_\_

*Note: Signatures to be signed prior to boarding.*

*encounter...*  
**Kaikoura**

