“Health & Medical Declaration for Whale Swimming, Snorkelling & Boating Activities”

Participant Name:_____
Date of Birth: __/__/____
2026 Retreat Dates: __/__/____
Emergency Contact Name: _____
Emergency Contact Number:_____
Emergency Contact Email:_____

Health Acknowledgement

By **signing** this declaration, I confirm that I am in good physical health and capable of participating in marine activities, including but not limited to snorkelling and swimming with Whales. I understand that these activities may be physically demanding, with inherent risks, including exposure to open water and choppy conditions, exposure to marine life, and variable weather conditions.

Initial Here: _____

Please check (✔️) the boxes below if any of the following apply:

- ☐ I have a pre-existing medical condition (e.g., asthma, heart condition, epilepsy) that may affect my ability to participate in marine activities.
- ☐ I am currently taking medication that may impair my physical abilities or reaction times.
- ☐ I am currently pregnant.
- ☐ I have experienced motion sickness in the past.
- ☐ I have allergies, including insect allergies.
- ☐ I have recently undergone surgery or other medical treatment.

If you checked any of the above boxes, please provide details:

_____
_____
_____
_____
_____

General Health Condition

- ☐ I confirm that I am capable of swimming confidently in open water.
- ☐ I do not have any respiratory, cardiovascular, or other health conditions that may be aggravated by physical activity or cold water exposure.
- ☐ I understand I will need upper body strength to climb in and out of the water on a ladder attached to a boat, and declare that I am physically able to do so.
- ☐ I declare that I am physically healthy enough to navigate my way around a moving boat, in potentially choppy seas.

***Note

If any of my health conditions change prior to the retreat, I agree to submit an updated Health & Medical Declaration to ensure my safety and the safety of others during the retreat.

Declaration and Signature

I declare that the information I have provided above is accurate to the best of my knowledge. I understand that withholding or falsifying medical information may result in increased risk during participation, and I may be asked to remain on the boat and not enter the water.

Participant Signature: _____

Date: __/__/____