

Bayplay & Beyond P/L trading as  
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## PARTICIPANT Liability and Medical FORM

GROUP/SCHOOL.....  
 CAMP DATES.....  
 NAME.....AGE.....  
 ADDRESS.....  
 .....POSTCODE.....

- Activities:** Sea Kayaking  Snorkelling  Hiking/Rock Pools   
**Pls Tick** Scuba Diving  Orienteering  Team Building Games   
 Ropes Course  Accommodation  Bike Riding

**SWIMMING ABILITY**

Can you swim?? (circle)                      NO              25M              50M              100M              MORE

**MEDICAL HISTORY**

Have you ever suffered??

ASTHMA	YES / NO
HEART CONDITION	YES / NO
EPILEPSY	YES / NO
LUNG DISORDER/INJURY	YES / NO
EAR INJURY	YES / NO
ARE YOU A SMOKER	YES / NO
ARE YOU PREGNANT	YES / NO
DO YOU SUFFER SEA SICKNESS	YES / NO

ANY OTHER MEDICAL CONDITION.....

To the best of my knowledge the above is true and correct.

I also understand that there are inherent risks involved in marine aquatic activities, and that I/my child participates at my/their own risk with my consent. Whilst Bayplay staff will take all care possible, and work to current industry standards, they will not be held liable for injury or damage to person or property.

**Guardian SIGNATURE.....DATE.....**

**Guardian NAME.....PH. NO.....**

- \*\* Parent/Guardian must sign for children less than 18 years of age
- \*\* Information given may restrict your participation in our program
- \*\* This form must be filled in prior to participation in any activity