



KELLY TARLTON'S SEA LIFE AQUARIUM
SDX - Shark Dive Xtreme
SAFETY TERMS AND CUSTOMER DECLARATION

In any adventure activity, there is an element of risk involved. Risks in undertaking the SDX experience include the fact that Scuba Diving is a physically strenuous activity and risks can include panic, hyperventilation, drowning or DCI (Decompression Illness). The activity is carried out in an environment that includes numerous fish life and the risks involved in diving with them.

The staff and management of Kelly Tarlton's SEA LIFE Aquarium take all practicable steps to identify and minimize potential dangers. However, you must follow our instructions and use the equipment provided at all times. Adults accompanying any person under the age of 18 must ensure that the under age person follows our instructions at all times. You release and indemnify Kelly Tarlton's SEA LIFE Aquarium and our staff against any liability we incur to anyone else, resulting from your failure to follow our instructions or the failure of any person accompanying you under the age of 18 to follow our instructions.

We reserve the right to withdraw any person who in our opinion is likely to endanger themselves or others. We also reserve the right to cancel the SDX experience if we become concerned for any reason for your safety or that of any other person.

WARNING: Under New Zealand law it is extremely unlikely that you will be able to sue anyone if you are injured. In addition, New Zealand's accident compensation scheme provides only limited assistance to visitors to New Zealand who are injured. We strongly recommend that all visitors to New Zealand have full insurance covering any injury they might suffer, including medical treatment cover, before undertaking this activity.

EXCLUSIONS: To the extent permitted by the law, all our liability for damage to your property, disruption to travel plans, or mental injury is excluded. This exclusion is subject to any rights or remedies you may have under the Consumer Guarantees Act 1993.

Please list on the accompanying form any medical conditions or other information we need to know for your safe participation in this activity. For example: asthma, allergies, heart conditions, epilepsy or pregnancy. You are entitled to access any information we hold about you or to request its correction at any time.

In signing this document, I/we acknowledge that I/we have read and understood the above safety terms:

Full Name

Diver Certificate #: _____

Full Postal Address: _____

Contact Person/s, incl. Ph No. (in case of emergency): _____

Date: _____

Signature of Customer: _____
(Parent or Guardian if under 18 years)