



# DIVE WITH SHARKS

Welcome to the activity "DIVE WITH SHARKS", in which you will have the opportunity to dive inside our most emblematic tank surrounded by sharks and other species of fish from the Mediterranean Sea.

## Risk and Liability Statement

Scuba diving is a very safe activity, but the following concepts must be very clear in order to avoid possible accidents and/or injuries as we dive with compressed air. You must be in good physical shape and you have the obligation to report your medical history truthfully and completely to the diving professionals and to the facilities where this activity takes place.

I declare that I have truthfully completed the Diver's Medical Questionnaire (attached).

I declare that I have the appropriate and necessary training to dive in L'Aquàrium de Barcelona, in confined waters between 0 and 5 metres deep, accrediting that I have the certification of.....

I agree to follow the rules and instructions given by the instructor at all times during the course of the activity.

In the event of using any equipment or material that is not the property of L'Aquàrium de Barcelona, I declare that it complies with current regulations, is CE-certified, has a condition of use that ensures its operability and has been examined, tested, checked and repaired in accordance with the procedures established by the manufacturer and that I have knowledge/training in its use.

In case the **participant is underage**:

I, ..... with ID number :..... as the legal guardian of....., authorise them to participate in the activity **Dive with sharks** at L'Aquàrium de Barcelona, having been informed of the functioning of said activity.

I understand and agree that neither diving professionals conducting this activity, nor the facilities in which this activity is conducted, nor any of their respective employees, managers, agents or assignees accept any liability for the death, injury or other damage/loss suffered by me insofar as it results from my own conduct or from anything or any situation under my control involving my own negligence.

I ACKNOWLEDGE THAT I HAVE RECEIVED THIS DISCLOSURE OF RISKS AND SAFETY IN MATTERS OF HEALTH, TRAINING AND USE OF MY OWN MATERIAL AND I ACKNOWLEDGE THAT I HAVE READ ALL TERMS PRIOR TO SIGNING SUCH STATEMENTS.

\_\_\_\_\_  
Name of the participant (please write in capital letters)

\_\_\_\_\_  
Signature of the participant

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of the parent/guardian (as appropriate)

\_\_\_\_\_  
Date (Day/Month/Year)

In accordance with the Organic Law 15/1999, of 13 December, on the Protection of Personal Data, we inform you that the data voluntarily supplied by means of this form will be stored in a personal data file. In compliance with the aforementioned regulations, you consent and authorise ASPRO OCIO, S.A. to keep the data supplied for the purpose of promoting and offering you our products and/or services. Under no circumstances will your data be passed on to third parties without your consent.

We inform you of your right of access, rectification, cancellation and opposition in accordance with art. 5 of the Organic Law 15/1999, for which you may contact ASPRO OCIO, S.A.

ASPRO OCIO, S.A. hereby states that the data collected does not contain specially protected information.