



SHARK CAGE DIVING

Welcome to the "SHARK CAGE DIVING" activity, where you will have the opportunity to be submerged inside our most emblematic tank on a fixed platform from which you can observe our sharks and other species of fish from the Mediterranean Sea.

Risk and Liability Declaration

Autonomous diving is a very safe activity, but clear concepts must be understood to avoid possible accidents and/or injuries as it involves diving with compressed air. You must be in good physical shape and are obliged to truthfully and completely inform the diving professionals and facilities where this program takes place about your medical history.

I declare that I have honestly answered the Diver's Medical Questionnaire (attached document).

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

In the event of using equipment or materials that do not belong to L'Aquàrium de Barcelona, I declare that they comply with current regulations, have CE certification, meet the conditions ensuring their operability, have been examined, tested, reviewed, and repaired according to the procedures established by the manufacturer, and that I have the knowledge/training in their 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 accept that neither the diving professionals leading this activity, nor the facilities through which this activity is conducted, nor any of their respective employees, administrators, agents, or assignees accept any responsibility for death, injury, or other damages/losses that I may suffer to the extent that it results from my own conduct or from anything or situation under my control involving my own negligence.

I ACKNOWLEDGE RECEIPT OF THIS DISCLOSURE AND AGREEMENT OF RECOGNITION AND DECLARATION OF RISKS AND LIABILITY AND DECLARE THAT I HAVE READ ALL TERMS BEFORE SIGNING SUCH DECLARATIONS.

Participant's Name (in capitals, please)

Participant's Signature

Date (Day/Month/Year)

Parent/Guardian's Signature (if applicable)

Date (Day/Month/Year)

Remember to fill in the required information before submitting the document.

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.