

# UOG Marine Laboratory Scientific Snorkeling Policy Guide

## 1.0 INTRODUCTION

It is the intent of the University of Guam Marine Laboratory (UOGML) to maximize Scientific Snorkeling safety. Therefore no person shall engage in scientific snorkeling operations through UOGML unless they have been granted permission in accordance with this manual.

## 1.2 REQUIREMENTS FOR APPLICATION

Applicants must complete the following forms:

1. UOG Marine Laboratory Snorkeling medical form.
2. Statement of Understanding and Agreement.
3. Brief Snorkeling History.
4. Applicants must provide Current EFR and Oxygen Provider Certifications.
5. UOG Marine Laboratory Waiver of Liability.

## 1.3 REQUIRED EQUIPMENT FOR SCIENTIFIC SNORKELING

1. Personal equipment must be supplied by each individual participant.
2. Exposure suit and fins must be used.
3. The participant must be able to maintain buoyancy at the surface with minimal effort.  
Floatation jackets and/or floats are recommended.
4. UOG Marine Laboratory will provide a dive flag to be displayed at all times snorkeling is going on, including when snorkeling takes place from shore.
5. UOG Marine Laboratory will provide First aid, Oxygen kits that are required for all snorkeling trips.

## 1.4 SCIENTIFIC SNORKELING PROTOCOL

1. A team consist of at least: two snorkelers.
2. Snorkelers must stay within 50 feet of the dive flag.
3. Snorkelers must adhere to the buddy system. On the surface, snorkelers should remain within 15 feet of their buddy. When making surface dives and swimming underwater, Snorkelers should adopt "one up", "one down" (alternating dives).
4. Hyperventilation prior to breath-hold diving is a dangerous practice and is not permitted.
5. Applicants requiring training in snorkeling/skin diving techniques and applicants with weak swimming abilities should make this known to the Diving Safety Officer.

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## 1.5 ACTIVITIES REQUIRING SPECIAL APPROVAL

It is the Participant's responsibility to consult the Diving Safety Officer to assess the safety aspects of a snorkeling/freediving activity.

The following activities require expressed prior approval from the Diving Safety Officer:

1. Snorkeling/Skin Dives that do not adhere to this policy guide.
2. After hours dives.
3. Snorkeling/skin diving between sunset and sunrise.
4. Hazardous conditions.
5. Exposed areas.
6. Currents and waves.
7. Confined areas and inside caverns.
8. Risk of entanglement.
9. Increased boat traffic.
10. Adverse weather conditions.
11. Snorkeling/skin diving following dives breathing compressed gas (scuba) dives.
12. Breath-hold dives deeper than 15 feet.
13. Spear fishing.

# UOG MARINE LABORATORY SNORKELING MEDICAL FORM 1

## PARTICIPANT RECORD

### CONFIDENTIAL INFORMATION

Please read carefully before signing.

This is a statement in which you are informed about potential risks related to snorkeling and the code of conduct to be accepted in the snorkeling program. Signing this statement is required to be considered as a participant in the snorkeling program offered by the Diving Safety Officer John Peralta and University of Guam Marine Laboratory, located in the city of Mangilao, Guam.

Read this statement prior to signing it. You must complete the medical questionnaire to enroll in the snorkeling program. If you are a minor, you must have this statement signed by a parent or guardian.

Snorkeling can be a demanding activity. When performed correctly, and when applying appropriate techniques, it is generally a safe activity. When established safety procedures are not followed, however, there are severe safety risks. To snorkel safely, you should be physically fit and not extremely overweight. Snorkeling can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, current cold or congestion, epilepsy, a severe medical problem or under the influence of alcohol or drugs should not snorkel. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the Dive Safety Officer before participating in this program, and on a regular basis thereafter upon completion.

You will also need to learn from the Dive Safety Officer the important safety rules regarding snorkeling. If you have any questions regarding this medical statement or the medical questionnaire, review them with the Dive Safety Officer before signing.

## MEDICAL QUESTIONNAIRE

### To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in the snorkeling program of the University of Guam Marine Laboratory. A positive response to a question does not necessarily disqualify you from snorkeling. A positive response means that there is a preexisting condition that may affect your safety while snorkeling and you must seek the advice of your physician prior to engaging in snorkeling activities under the auspices of the University of Guam.

Please answer the following questions of your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in snorkeling.

\_\_\_ Are you presently taking prescription medications (with the exception of birth control or anti-malarials)?

### HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?

\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?

\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

\_\_\_ Heart disease, heart attack, angina, heart surgery or blood vessel surgery?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

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Signature

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Date

# UOG SCIENTIFIC SNORKELING MEDICAL FORM 2

## Participant (Please Print)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

## Name and address of your family or primary care physician:

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Date of last physical examination \_\_\_\_\_  
Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## Physician

This person will be traveling and snorkeling as part of their participation in educational and/or research programs sponsored by University of Guam Marine Lab. Your opinion of the applicant's medical fitness for travel and snorkeling is requested. Please review the attached medical history of the applicant.

## Physician's Impression:

\_\_\_\_ I find no medical conditions that I consider incompatible with snorkeling.  
\_\_\_\_ I am unable to recommend this individual for snorkeling.

Remarks \_\_\_\_\_  
Physician's Signature \_\_\_\_\_, M.D. Date \_\_\_\_\_  
Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## UOG Marine Laboratory Scientific Snorkeling Statement of Understanding and Agreement

I, \_\_\_\_\_, understand that all forms of water activities, including but not limited to snorkeling, have inherent risks and dangers associated with them. Persons not in good physical health, pregnant, with heart conditions, asthma (exercise or cold-induced), back or neck injuries, open wounds and recent surgeries should not participate in the *activity*.

\_\_\_\_\_ 1. I agree that if I participate with an in-water snorkeling activity that I can swim 200 yards and have the skills to snorkel in the open ocean with no assistance. If I cannot swim I agree to remain on the boat/vessel at all times. I also agree that I will not expect the UOG Marine Laboratory or its staff to teach me how to swim or snorkel, and that prior to the activity I will have the skills necessary to participate without assistance.

***It is required that the Participant possess at least minimal snorkel skills to include: clearing of mask and snorkel, swimming 25 yards with a minimum of 4 breaths, without swim aids, tread water for 5 minutes or 2 minutes without the use of hands, and towing another person a distance of 25 yards in the water without the use of swim aids.*** (Recommended minimal skills supplied upon request).

\_\_\_\_\_ 2. I UNDERSTAND THAT THERE ARE INHERENT RISKS INVOLVED WITH SNORKELING, included but not limited to equipment failure, perils of the sea, harm caused by marine creatures (including bites), acts of fellow participants, entering and exiting the water, boarding or disembarking boats, and activities on the docks. I assert that my participation is voluntary and that I knowingly assume all such risks.

\_\_\_\_\_ 3. I am physically fit to swim and participate in the activity. I understand that they can be physically strenuous activities and that I will be exerting myself during the activity.

\_\_\_\_\_ 4. I am in good mental health and physical fitness for the activity, and I am not under the influence of any illegal substance. If I am taking medication, I will inform the Dive Safety Officer that I have been advised by a physician and have approval to participate in the activity while under the influence of the medication.

\_\_\_\_\_ 5. If I need a flotation device I will ask for one. If I use a flotation device I will not remove the flotation device at any time while in the water. I acknowledge that doing so will constitute a violation of safety rules and procedures. If I become distressed at the surface, I will immediately inflate my flotation device for flotation assistance.

\_\_\_\_\_ 6. I understand that sea conditions may change while we are in route or on site. I will not hold UOG Marine Laboratory or its staff responsible for sea conditions that are out of their control.

\_\_\_\_\_ 7. I further understand and am fully aware that the boat, or boats involved in the activity have limited medical accommodations. I understand that in the event of an illness or injury, appropriate medical care must be summoned by radio, and that treatment may be delayed until the patient(s) can be transported to a proper medical care facility.

\_\_\_\_\_ 8. I understand that I have a duty to exercise reasonable care for my own safety and agree to do so. UOG Marine Laboratory Staff reserves the right to prohibit any individual from participating in the activity.

**Participant:** I am responsible for myself and have been informed of the contents of this understanding and agreement before signing it.

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# UNIVERSITY OF GUAM

Marine Laboratory

## WAIVER OF LIABILITY

Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ between the University of Guam  
(hereinafter "University") and \_\_\_\_\_ (hereinafter "Person").

In consideration of the University granting permission to the Person to use tools or equipment and/or participate in field trips and/or volunteer to assist in laboratory tests and/or experiments sponsored by the University, the Person hereby waives all claims for damage or loss to his/her person and/or property that may be caused by any act or failure to act by the University, its officers, agents or employees.

The Person understands and assumes the risk of any dangerous conditions that may be encountered in the course of a field trip, during laboratory work or working in the shop.

\_\_\_\_\_  
Person

Witnessed by: \_\_\_\_\_  
Dive Safety Officer/ Marine Technician  
University of Guam Marine Laboratory

# University of Guam Marine Laboratory Scientific Snorkeling

Instructions:

This form must be filled out and returned to the Dive Safety Officer for record keeping.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Describe Snorkeling History

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Date and Location of Last Snorkeling Activity

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