

DOLPHIN DYNAMICS (Deborah Caknis)

HEALTH / WELLNESS / SPECIAL NEEDS QUESTIONNAIRE & REGISTRATION

Full Name & Surname _____

Age _____ **Date of Birth** _____

Contact Numbers Home: _____ Work: _____

Cell: _____ Fax: _____

Email: _____

Flight Details Durban Arrival Time: _____ Flight No.: _____

Durban Departure Time: _____ Flight No.: _____

If staying over in Durban area the night before, please provide address and contact number:

Contacts in case of Emergency

Name: _____ Tel: _____

Name: _____ Tel: _____

Next of Kin

Name: _____ Relationship: _____

Contact Numbers Home: _____ Work: _____

Cell: _____

Catering No Requirements: _____ Vegetarian: _____

Other (please specify): _____

Special Needs Fear of water? _____ Do you get sea sick? _____

Can you swim? _____ Are you a confident swimmer? _____

Have you snorkelled before? _____

Do you have any physical restrictions/ailments? _____

(if "yes", please explain) _____

Are you healthy? _____

(if "no", please explain) _____

Are you currently taking any medication? _____

(if "yes", please explain) _____

Have you ever been diagnosed with depression and/or another emotional/mental condition? _____

(if "yes", when & by whom) _____

Will you be bringing your own ...

Mask _____ Snorkel _____ Fins _____

Wetsuit _____ Do you require a wetsuit? _____

Additional comments/requests ...

DISCLAIMER AND INDEMNITY

In consideration for participating in the Retreat (defined as a 5-night experience in Ponta do Ouro, Mozambique), you indemnify and hold harmless *Dolphin Dynamics (Deborah Caknis)* in respect of any and all loss, liability, damages, claim, charge, expense, cost or delay, including but not limited to your inability to leave South Africa or enter Mozambique or re-enter South Africa.

I acknowledge, in addition to and in conjunction with the indemnity concerning travel documentation, inconsideration for *Dolphin Dynamics (Deborah Caknis)* arranging, facilitating, managing and providing input into the Retreat (defined as a 5-night experience in Ponta do Ouro, Mozambique), I hereby hold *Dolphin Dynamics (Deborah Caknis)* harmless from and indemnified against any loss, liability, damages, claim, charge, expense or cost of whatsoever nature which may be incurred or sustained by me, as a result of, or arising out of or in connection with my agreeing to go on the Retreat (defined as a 5-night experience in Ponta do Ouro, Mozambique).

Signing below confirms you acknowledge that all information provided above is accurate and will not be changed without informing *Deborah Caknis* and that you acknowledge you have read and accept the [TERMS AND CONDITIONS](#) or go to www.zeropointhealing.co.za/courses scroll down and see "• Dolphin Dynamics Retreat in Mozambique ... [Terms and Conditions](#)".

SIGNATURE _____

DATE _____