

RELEASE AND INDEMNITY FORM

免责与赔偿声明

READ BEFORE SIGNING

签名之前必须阅读

*I/We *am/are fully aware of the inherent risks of diving at Resorts World at Sentosa Pte. Ltd. (“RWS”) for the Guest Dive Programme between _____ [date] to _____ [date] (“the dive(s)”), which include, but are not limited to, the utilization of compressed air which involve risks of decompression sickness, embolism or hyperbaric injuries (which require treatment in a recompression chamber, but the dive(s) may take place at a site too far from a recompression chamber in distance or time for treatment to be rendered to the diver(s)), dangers associated with breath-holding, rapid ascents, lung over-expansion, hypocapnia, hypoxia, risks associated with compressed air diving (including but not limited to water-related injuries such as death by drowning), [the unpredictability of the sharks, rays and/or other marine animals reacting to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals and behaving in ways that may result in harm, serious bodily injury or fatality to persons around them], certain hazards such as water, surface and sub-surface conditions, collisions of the enclosure by marine animals or objects and the potential of another diver acting in a negligent manner that may contribute to injury to others, such as failing to adhere to the instructions from RWS staff members or not acting within the diver’s ability.

*我/我们充分意识到在_____ [日期] 到_____ [日期] 参与圣淘沙名胜世界私人有限公司（以下简称“RWS”）的访客潜水项目的潜水活动（以下简称“项目”）的潜在风险，其中包括，但不限于，应用压缩空气所涉及的减压病，血栓或高压受伤（，（这需要在加压舱进行治疗，但该项目可能会在一个远离加压舱或相对参与者进行加压舱治疗所需要时间太过遥远的地点进行）憋气，快速攀升，肺过度膨胀，缺碳酸血症，缺氧的危险；伴随压缩气潜水风险（包括但不限于与水有关的伤害，如溺毙），[鲨鱼，鳐鱼和/或者其他海洋生物对诸如声音，突然的移动，和陌生的物体，人或其他动物不可预测的反应和行为，可能会对周围的人造成严重的身体伤害或死亡]；其他风险，如水面和水里的情况，海洋动物或物体的碰撞和其他潜水者可能的疏忽行为所造成的伤害，例如不遵守 RWS 工作人员的指示，或者从事超出参与者个人能力范围的活动。

*I/We have been informed that *I/my child/legal ward must not engage in air travel within 12 hours for a single dive and within 18 hours for repetitive dives, from the end of the dive(s). The number of dives shall take into account any other dive(s) or compressed air immersion activities participated in immediately before or after the dive(s). I also understand that the dive(s) can be a physically strenuous activity and that the diver(s) will be exerting themselves during the dive(s), and that diver(s) will expose themselves to the risk of heart attack, panic, hyperventilation and other conditions which may occur in relation to physically strenuous activities.

*我/我们已经被告知在完成单一次潜水后的 12 小时或完成重复潜水之后的 18 小时内不得从事空中飞行。在计算潜水的次数中，所有在此项目开始之前或在此项目结束之后进行的潜水活动或在水里应用空气压缩器的其它活动都必须包括在内。我也明白这是一项费劲体力的活动，在项目进行中参与者将消耗体力，这将可能导致心脏病，恐慌，过度换气和其他因参与消耗体力活动而引起的病状。

By *participating in the dive(s) / permitting my child/legal ward(s) to participate in the dive(s), I hereby agree, *and/or on behalf of my child/legal ward agree, to assume all risks arising out of or incidental to participation in the dive(s), including but not limited to *my use of my own equipment and diving gear/ my child/legal ward’s use of his or her own equipment and diving gear for the dive(s), and any malfunction or unsuitability in relation to other dive equipment or diving conditions. I further authorize immediate medical treatment to be carried out by RWS for *me and/or my child/legal ward at my cost, if the need arises.

在*参与该项目/允许我的孩子/法定被监护人参与该项目，我特此同意，和/或者代表我的孩子/法定被监护人同意，承担所有参与该项目所引起或附带的风险，包括但不限于我对于*我/ 我的孩子/法定被监护人潜水设备和潜水装的运用以及其他潜

水设备的任何故障或潜水状况的不适合所涉及的风险。本人授权 RWS 如有需要立即对*我/我的孩子/法定被监护人进行医疗救治，费用由我承担。

I hereby undertake to indemnify and hold harmless RWS and all related entities, their officers, directors, agents, affiliates, and employees (“**RWS parties**”) against all claims, damages, losses, expenses, costs, disbursements, and other liabilities which may accrue against or be suffered by RWS and/or RWS parties arising out of or incidental to *my /my child/legal ward’s participation in the dive(s).

本人承诺本人将全面赔偿 RWS 和所有相关实体、其官员、董事、代理人、分支机构、雇员（“RWS 各方”）凡是因*我自己/我的孩子/法定被监护人在这项目的参与而产生或遭受的任何索赔、损害赔偿、损失、费用、成本、支出及其他负债，并使 RWS 和/或 RWS 各方免受损失和伤害。

I agree that insofar as is permissible by applicable law, RWS and/or RWS parties shall not be responsible and shall not assume any liability for any damage to or loss of the property or belongings suffered by *me/my child/legal ward, whether such damage or loss is caused by the negligence of RWS and/or RWS parties or otherwise. I agree that any claims related to this form or *my /my child/legal ward’s participation in the dive(s) will be adjudicated solely in the Singapore courts, and that such claims will be decided in accordance with Singapore law.

我同意，只要所适用的法律允许，如果*我自己/我的孩子/法定被监护人遭受任何财产或财物的损害或损失，不论该损坏或损失是否因 RWS 及/或 RWS 各方的疏忽或以其他方式造成的，RWS 及/或 RWS 各方将不会负责，也不会承担任何责任。我同意任何有关本声明或*我/我的孩子/法定被监护人在这项目参与的索赔，将仅在新加坡法院进行审理，并按照新加坡法律进行判决。

*I/We agree that all divers are required to:

*我/我们同意所有参与者都必须：

- Be a certified diver.
是一名合格的潜水员。
- Fully understand all safety instructions given.
完全理解所有的安全指示。
- Strictly obey all instructions given by the RWS staff in respect of participation in the dive(s), including instructions on chlorine dipping of all diving gear and equipment where applicable.
严格遵守所有 RWS 工作人员的指示，包括有关潜水装和潜水设备浸氯的指示。
- Not be under the influence of drugs or alcohol or be otherwise similarly impaired.
未受药物或酒精或其他方面的影响。
- Meet the minimum age requirements for the Programme, namely 21 years of age or 10 years of age with parent/legal guardian consent.
符合项目对年龄的要求，即年满 21 岁或 10 岁与父母/法定监护人同意。
- Be physically fit to participate in the dive(s).
有健康的身体状况适合参与本项目。

*I/We agree that RWS shall have the discretion to make a determination as to the fitness of a person to participate in the dive(s). RWS may remove any diver with immediate effect from the diving premises or abort all or part of the dive(s) at any time without having to provide any reason whatsoever, if it deems, that a diver is unsuitable to continue with the dive(s).



*我/我们同意 RWS 有权酌情对参与该活动参与者的体能作出裁定。如果认为参与者不适合继续参加活动，RWS, 在无需给予任何理由的情况下，有权在任何时候立即将任何参与者驱离项目现场或终止整个或一部分的潜水项目。

***I/We have been advised of the risks of taking part in the dive(s) and understand the information provided. The information I have provided on the Medical Questionnaire is accurate and complete.**

*我/我们已被告知参与这项项目的各种风险并理解所提供的信息。我在医药问卷中所提供的信息是准确和完整的。

I represent and warrant that *my signature below acknowledges that I have read and understood the foregoing and knowingly and voluntarily agree to all the terms of this release and indemnity. / *I have the authority to sign this release and indemnity on behalf of my child/legal ward who is below the age of 21. The name of my child/legal ward is provided below. My signature below acknowledges that I have read and understood the foregoing and knowingly and voluntarily agree to all the terms of this release and indemnity

我陈述和保证，*我下列的签名确认，我已阅读并理解上述信息，也知情和自愿地同意本免责和赔偿声明的所有条款。/*我有权代表我的孩子/法定被监护人（未满 21 岁）签署本免责和赔偿文件。下面列出我的孩子/法定被监护人的姓名。我的下列签名确认，我已阅读并理解上述信息，也知情和自愿地同意本免责和赔偿声明的所有条款。

In the event of inconsistency or discrepancy between the English version and the other versions of these terms and conditions, the English version shall prevail.

在此条款和条件的英文版本如与其他版本有差异或分歧的情况下，将以英文版本为准。

(*delete where applicable) (*若不符合请删除)

Please print legibly. 请写得清晰明了。

Full Name 姓名: _____

Date of Birth 出生日期: _____

Contact Number 联系电话: _____

Signature 签名: _____

Date 日期: _____

Full Name(s) and Date of Birth of Participating Child(ren)/Legal Ward(s), if any 参与儿童 / 法定被监护人的姓名和出生日期, 如有:

1. _____

2. _____

3. _____

Contact in case of emergency 紧急联络人 (Shall be of a non-participating person 必须是非参与者):

Name 姓名: _____

Contact Number 联系电话: _____

Medical Questionnaire

医疗问卷

***Each participant must complete this Medical Questionnaire 每位参与者须填医疗问卷**

Participant's Details 参与者的个人资料:

Full Name 姓名: _____

Date of Birth 出生日期: _____

Contact Number 联系电话: _____

Contact in case of emergency 紧急联络人 (Shall be of a non-participating person 必须是非参与者):

Name 姓名: _____

Contact Number 联系电话: _____

The purpose of this Medical Questionnaire is to find out if *you/your child/your legal ward should be examined by a doctor before participating in the Guest Dive Programme. A positive response to a question does not necessarily disqualify *you/your child/your legal ward from diving. A positive response means that there is a preexisting condition that may affect *your/your child's/your legal ward's safety while diving and advice must be sought from a doctor prior to engaging in the Guest Dive Programme. Please answer the following questions on *your/your child's/your legal ward's past and present medical history with a YES or NO answer. If you are not sure, please indicate YES as your answer. If any of these apply to *you/your child/your legal ward, we must insist that *you/your child/ your legal ward consult(s) with a doctor prior to participating in the Guest Dive Programme with RWS.

此医疗问卷的用途是为了确定*您/您的孩子/您的法定被监护人是否在参与项目之前需要接受医疗检查。对于任何问题给予“是”的回答并不一定断定*您/您的孩子/您的法定被监护人无法参与项目，而只是代表*您/您的孩子/您的法定被监护人某种潜在的状况可能影响*您/您的孩子/您的法定被监护人潜水时的安全，而需要*您/您的孩子/您的法定被监护人在参与项目之前得到医生的建议。请您根据*您/您的孩子/您的法定被监护人过去或者目前的身体状况回答“是”或“否”。若您无法确定，请回答“是”。若有任何注明“是”的部分，我们必定要求*您/您的孩子/您的法定被监护人在参与项目之前得到医生的建议。

Please answer the following question on *your/your child's/your legal ward's past and present medical history by ticking the appropriate box

请根据*您/您的孩子/您的法定被监护人过去和现在的健康状况在以下表格中回答下列问题并在合适的盒子里打勾

	Question 问题	Yes 是	No 否
1	Are you pregnant or attempting to be pregnant? 您是否怀孕或在尝试怀孕?		
2	Do you have a family history of heart attacks or strokes? 您是否有心脏病或中风的家族病史?		
3	Do you have asthma or wheezing during exercise? 您是否有哮喘或在呼吸或运动时喘息?		
4	Do you currently have a cold, sinusitis or bronchitis? 你目前有感冒、鼻窦炎或支气管炎吗?		

5	Do you have any form of lung disease? 你有任何肺部疾病吗?		
6	Have you ever had surgery affecting the cardio or pulmonary systems (heart or lungs)? 你有动过涉及心脏或肺系统（心脏或肺部）的手术吗?		
7	Do you have epilepsy, seizures, convulsions, or take medication to prevent them? 你有癫痫、惊厥、抽搐、或是否服用药物以防止这些疾病吗?		
8	Do you have a history of blackouts or fainting? 你有眩晕或昏厥的病史吗?		
9	Have you ever had a diving accident or decompression sickness? 你是否有过潜水事故或减压病吗?		
10	Do you have high blood pressure or do you take medication to control it? 你有高血压或服用药物来控制它吗?		
11	Do you have a history of heart disease or heart attacks? 你有心脏疾病或心脏病发作的病史吗?		
12	Have you ever had heart surgery, angina or blood vessel surgery? 你可曾动过心脏手术、有过心绞痛或血管手术吗?		
13	Do you have a history of bleeding or blood disorders? 你有出血疾病或血液疾病的病史吗?		
14	Do you have a history of drug or alcohol abuse? / Are you currently under the influence of drug or alcohol use? 你有吸毒或酗酒的历史吗? /你目前是否受到药物或酒精的影响?		
15	Do have any history of diabetes affecting your ability to participate in a strenuous activity? 你有影响你参加剧烈运动的糖尿病史吗?		
16	Do you have a history of ear or sinus surgery? 你有动过涉及耳朵或鼻窦的手术吗?		
17	Do you have a history of ear disease, hearing loss or problems with balance? 你有耳病病史、听力损失或平衡问题吗?		
18	Do you have problems equalizing (popping) ears during airplane or mountain travel? 你在飞机上或山地旅行中有耳压平衡或耳胀的问题吗?		
19	Do you suffer from behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? 你是否患有行为健康、精神或心理问题（惊恐发作、恐惧封闭或开放的空间）?		
20	Are you presently taking prescription medications (excluding birth control and anti-malarial medicines)? If yes, please specify type of medication: 你目前是否服用处方药（不包括节育或抗疟疾的药物）? 如果“是”，请注明药物的类型:		

(*delete where applicable) (*若不符合情况请删除)

Name and Signature of *Participant/Parent/Legal Guardian:

Date:

*参与者/家张/合法监护人的姓名和签名:

日期:
