



Open Water Dive Trip Agreement

Please print or type all information. Application must be completed in full, signed and returned to Adventure Scuba.

Destination: _____ Dates: _____

Accommodations: _____ Air: _____

Dive Operation: _____ I hereby engage Adventure Scuba to coordinate the open water dive trip listed above.

I agree to pay Adventure Scuba a deposit of \$ _____. I agree to the following schedule of payments:

\$ _____ due _____

Final payment of \$ _____ due _____ Total Cost of Trip \$ _____

Payments not made according to the above schedule may result in forfeiture of previous payments and reservation on the above trip. I understand that Adventure Scuba will make prepaid reservations for me with the above named independent contractors, or any other contractor at the discretion of Adventure Scuba. Trip Leaders may not be on a trip if the trip does not fill. I understand that Adventure Scuba expressly disclaims any responsibility other than for coordinating arrangements with the independent contractors selected to provide accommodations, transportation, and open water diving activities. I agree to arrange for my own diving gear, meals, and refreshments, except as otherwise set forth.

Please note cancellation policy for the trip you are participating in. All cancellations must be in writing. Since Adventure Scuba and its cooperative destination incur unrecoverable charges preparing for these trips, cancellations received over 90 days prior to scheduled departure result in a refund less \$50 (unless otherwise stated) and **only if your spot can be re-filled**. Cancellations received less than 90 days before scheduled departure are non-refundable and diver is responsible for full trip payment. _____ (initial)

It is our recommendation that you obtain both trip insurance and diver insurance _____. (initial)

To purchase insurance use the links to DAN on the www.AdventureScubaOnline.com travel page.

I represent that I have been duly certified by a recognized association of diving instructors, and agree that I will exercise appropriate care at all times during my diving activities, including the use and observation of proper buddy system techniques, suitable equipment, appropriate ascent and descent procedures, and no-decompression time and depth limits. I also represent that I am current with diving procedures, skills and dive tables as set forth by a recognized certification agency.

I fully understand the dangers incidental to diving that may result from local hazards, physiological conditions, weather, climate, failure of equipment, limited visibility, marine life, current and surf, and I expressly assume all risk of harm to me in encountering such dangers. I agree to rely on a local diving service, and not Adventure Scuba for orientation to local conditions, such instruction and such supervision as are necessary for my diving.

I agree to pick up my ticket at Adventure Scuba no later than ____/____/_____.

Price of trip is subject to any airfare increases.

All trip prices are based on double occupancy. If you are traveling alone, would you object to sharing a room with a member of the opposite sex? _____ Yes _____ No

If yes, please be aware that Adventure Scuba will do its best to accommodate your request. However we cannot guarantee that you will share accommodations with someone of the same gender. If you then request a private room you will need to cover the expense of the single supplement.

Roommate's Name: _____

Full Legal Passport Name _____

Passport Number: _____ Expiration _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____

Email Address _____

Occupation: _____ Birth Date _____

Name of family physician _____ Phone _____

Health Insurance Agency _____ Policy # _____

Dive Insurance _____ Policy # _____

Emergency Contact not on trip _____

Phone _____

Will you be a: Diver _____ Non Diver _____ Smoker _____ Non Smoker _____

Special Dietary requirements _____

Other Special Provisions _____

Certification Organization/Level of diver certification _____

How many dives have you done? _____ Last time diving _____

Signature: _____ Date ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____

Work Phone: () _____

Email: _____

Adventure Scuba

2301 N. Central Expwy. #140, Plano, TX. 972-423-3483 (DIVE)

Email Info@adventurescubaonline.com Web Site – WWW.AdventureScubaOnline.com

THE TRIP WAIVER
PLEASE READ BEFORE SIGNING!!

Remoteness of areas, local custom, or prevailing weather conditions may cause substitution of facilities and/or equipment, minor inconveniences or modification to the diving portions of the program itinerary. Adventure Scuba reserves the right to modify and/or cancel diving arrangements due to unfavorable weather conditions and to substitute comparable equipment. No refunds can be made for canceled diving arrangements due to adverse weather, or for substitution of facilities and/or equipment or for services or goods provided in the itinerary should such services or goods not be utilized by tour members. All participants agree to comply with any reasonable term or regulation that Adventure Scuba may prescribe during the course of the program. Adventure Scuba reserves the right to deny an applicant for any reason.

RELEASE OF LIABILITY

Applicant certifies the statements made on the foregoing application regarding experience are correct and Applicant understands that acceptance on this trip is predicated on Applicant's presentation that he/she is physically fit to engage in ocean SCUBA diving and has had sufficient training to engage in ocean SCUBA diving and understands the risks involved and willingly assumes all risks whether foreseen or unforeseen.

It is understood that Adventure Scuba is a Texas Corporation and is independent of and has no business association, as partner, joint venturer, owner or otherwise, with any resort, hotel carrier, boat operator, or other person or firm furnishing any service or facility in connection with the subject travel program.

It is expressly understood and agreed that Adventure Scuba assumes no responsibility or liability for service, transportation, or equipment made available by any resort, hotel or other person, either as to its availability or as to its safety, quality or condition, nor for the acts of any employee or agent of such establishment. It is also understood and agreed that Adventure Scuba does not by acceptance of this Applicant, assume any responsibility or liability for the safety of any participating individual, particularly while such individual is engaged in underwater activities whether alone or in groups, under the supervision of a tour escort, or otherwise. The tour escort is not acting in the capacity of instructor unless specifically indicated.

Each of the undersigned further agree that in consideration of the price at which the said program is offered and conducted and other good and valuable consideration and in order to induce Adventure Scuba to accept the Applicant under the age of majority, release Adventure Scuba and its owners, operators, instructors, employees or other agents, from damages resulting from death or personal injuries, including loss of services which the undersigned may sustain on account of, or in connection with said program including ownership, maintenance, use or operation of any automobile ship, airplane, boat, hotel or common carrier.

It is also understood that Adventure Scuba has not purchased insurance that would cover individuals in case of accident, injury, death or property damage.

The undersigned also agree and realize that an emergency medical situation may arise and hereby provide written authorization to Adventure Scuba and its employees or representatives, to provide emergency medical care, or necessary evacuation, and agree to hold such parties harmless and indemnify them for any such action taken on behalf of the undersigned and the costs incurred thereof. The undersigned agrees that this Release of Liability also binds the spouse, family, heirs and legal representatives of the undersigned.

By signing below, the undersigned signify that they **have carefully read** the foregoing RELEASE OF LIABILITY and all information and conditions contained on the reverse side hereof and agree to all those terms and conditions.

Date	Signature of Applicant	Name (Print)
_____	_____	_____

Date	Parent Signature of Minor (if applicable)	Name (Print)
_____	_____	_____