

Group Travel Application

SAINT LUCIA: ANSE CHASTANET

APRIL 22-30, 2016



Sending Divers From the Mountains to the Sea Since 1961

Each traveler must read, complete, and sign this form. Please provide your **legal name as it appears on your passport** for ticketing purposes.

FULL NAME: _____ DOB: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____ (HOME) _____ (CELL)

EMAIL: _____

PASSPORT NUMBER: _____ ISSUING COUNTRY: _____ EXPIRES: _____

CERTIFICATION INFORMATION

Certification Agency/#: _____ Total number of dives: _____

Diving Since: _____ Date/Location of last dive: _____

- Rating: OW Diver Specialty Diver Nitrox Diver Stress & Rescue Diver
 Advanced Diver Master Diver Dive Professional
 Open Water Student Snorkeler

ROOM REQUEST Double Occupancy, Roommate Requested: _____
 Single Occupancy (additional \$1,070)

TRAVEL DATES AND FLIGHT INFORMATION (if on Group Flight, skip this section):

Departure Date, Time, & Flight No. _____

Return Date, Time, & Flight No. _____

TRAVEL/TRIP INSURANCE (*Trip insurance is recommended by not required. If electing to purchase trip insurance, please contact Denver Divers for more information.*)

Insurer & Policy Number: _____

DIVING INSURANCE (*Diving accident insurance is strongly recommended. Please contact Divers Alert Network at <http://www.diversalertnetwork.org/> or Dive Assure at <http://www.diveassure.com/new/usa/>)*)

Insurer & Policy/membership Number: _____

EMERGENCY CONTACT (Individual NOT traveling with you)

NAME: _____ RELATIONSHIP: _____

BEST CONTACT PHONE: _____ EMAIL: _____

TRAVEL WAIVER AND RELEASE AGREEMENT

1. I understand that the initial deposits paid in full are nonrefundable. Payment refund policy, 0 to 60 days from departure or after departure, NO REFUNDS. 61-90 days, refund of payment less the deposit(s). There is NO REFUND for any unused part of the trip/tour.
2. All prices including airfare are subject to change until paid in full by the entire group. I accept responsibility for any costs incurred by the airline schedule changes and any changes in taxes for air, hotel, boat, or diving. I have been offered trip insurance that would cover certain conditions that may cause me to cancel or interrupt my trip. I have also been informed of dive insurance and am aware that my medical insurance may not cover snorkeling or diving related medical emergencies and medical evacuation. I understand that medical treatment, including hyperbaric chamber treatment may be hours or days away.
3. I understand that my **legal name on my plane ticket must match my passport and that my passport must not expire within 6 months from date of departure.** (Female travelers using a married name must also bring a marriage certificate if passport does not match) If names do not match, I may be charged a fee or could be denied boarding and would be responsible for any costs incurred.
4. It is my responsibility to check with my physician or Travel Medicine clinic for any immunizations or medications required or recommended. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including by reading the most recent relevant US State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") travel warning(s) available through, <http://travel.state.gov/>, <http://www.cdc.gov>, <http://www.who.int.html>
5. I UNDERSTAND THAT THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE DENVER DIVES WITH ALI, LLC, DBA DENVER DIVERS THEIR EMPLOYEES, AGENTS AND ASSIGNS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY ARISING AS A CONSEQUENCE OF THE FOLLOWING OR ANY OTHER ACT OR OMISSION ON THEIR PART, INCLUDING BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE.
6. By way of my signature on this contract I certify that I am a certified diver or a student diver and have been taught and understand that scuba diving is a hazardous sport. I also fully understand that scuba diving has inherent risks and dangers including, but not limited to, risks associated with equipment failure which could lead to my serious injury or death. **BY MY SIGNATURE ON THIS DOCUMENT I EXPRESSLY ASSUME THESE RISKS.** I acknowledge that I am physically fit and have been cleared by a medical professional to scuba dive or snorkel and engage in this trip. I further agree that I will not hold any of the above named individuals, persons or entities responsible should I become injured as a result of a medical condition while I am participating in this trip, scuba diving, or snorkeling. At no time during this trip will I have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications which could cause an adverse reaction as a result of combining such drugs and/or medication with scuba diving.
7. In consideration for allowing my participation in this trip, which is being offered by Denver Dives with Ali, dba Denver Divers, I fully understand that prevailing weather conditions may cause certain modifications to the dive program. I also fully understand that the transportation or equipment made available by the resort or boat operators who are providing services to me is not the responsibility of Denver Dives with Ali, dba Denver Divers. I also fully understand and agree that Denver Dives with Ali, dba Denver Divers acts only on behalf of itself and itself alone in arranging this travel/trip/tour. I understand that Denver Dives with Ali, dba Denver Divers is in no way responsible for any acts, errors, or omissions including active or passive negligence by any provider of transportation, equipment, dive services, hotel, tour, operator, dive master, scuba instructor, dive boat, dive boat captain and crew, or any other provider who is engaged to render any service whatsoever on this trip/tour.
8. My signature on this document affirm that I am fully aware of the dangers, risks and hazards of holding my breath while diving and the dangers associated with a rapid ascent. I certify that I am fully aware of the possibility that my equipment may malfunction during a dive which could include a free flowing regulator, stuck inflator button, or unwanted inflation of my buoyancy compensator. I certify that I have been trained and know how to overcome these eventualities should they occur to me. I agree not to hold any of the individuals or entities named within this document responsible for any such act.
9. IT IS MY EXPRESS INTENTION BY WAY OF THIS INSTRUMENT AND MY SIGNATURE HEREON TO GIVE UP ALL OF MY RIGHTS TO SUE ANY INDIVIDUALS OR ENTITIES REFERRED TO WITHIN THIS DOCUMENT, WHETHER SPECIFICALLY NAMED OR NOT. FURTHERMORE IT IS MY EXPRESS INTENTION TO EXEMPT AND RELIEVE DENVER DIVES WITH ALI, DBA DENVER DIVERS, THEIR EMPLOYEES, AGENTS AND ASSIGNS AND TO EXPRESSLY AGREE TO INDEMNIFY AND HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURIES, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY ANY ACTIVE OR PASSIVE NEGLIGENCE RELATED IN ANY FASHION TO MY PARTICIPATION IN THIS TRIP. I SPECIFICALLY AND EXPRESSLY ASSUME ALL RISKS IN CONNECTION WITH THIS TRIP.

I HAVE READ AND UNDERSTAND THE FOREGOING IN ITS ENTIRETY AND I AGREE TO THE TERMS AND CONDITIONS HEREIN AND ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES. I REALIZE THAT THIS DOCUMENT IS A CONTRACT.

Print Name

Signature

Date

Witness Print Name

Witness Signature

Witness Date