

A-1 SCUBA AND TRAVEL AQUATICS CENTER
TRAVEL AGREEMENT FOR GROUP/INDIVIDUAL TRAVEL

NAME: _____

TRIP LOCATION: _____

DATE of DEPARTURE: _____

Please read and initial the following statements. Return ASAP to Confirm Reservation.

Travel documents will not be released without receipt of this completed form.

GROUP RESERVATIONS/CHARGES

1. _____ **Group-Reservations are considered firm upon receipt of \$2000.00 per person deposit (unless otherwise noted). Final payment is due by:** _____.
2. _____ **Any deviation in tour dates/package will be subject to a minimum \$75.00 service fee.**
3. _____ **Cancellation of a tour is subject to the following minimum charges:**
Before 180 days prior to departure-a minimum \$1000.00 per person; 179th to 121th day-loss of deposit; 120th to day of departure-no refund will be granted, in addition to applicable charge or penalty authorized by the tour company sponsoring the particular tour.
Should A-1 Scuba and Travel Aquatics Center (hereafter "A-1") cancel the tour prior to departure, full refund of any payment will constitute full settlement.
Should I authorize payment by credit card, I agree to pay all charges in full.
4. _____ **All prices are based upon double occupancy. Single persons may be subject to additional charges.**

RESERVATIONS/CHARGES

1. _____ **Reservations/Charges.** Deposits and payments are to be made as required by the tour company sponsoring the particular tour. Any changes of tour dates and cancellations will be subject to a minimum \$75.00 per person charge, in addition to applicable charge or penalty authorized by the tour company sponsoring the particular tour. Should A-1 cancel the tour prior to departure, full refund of payment will constitute full settlement. Should I authorize payment by credit card, I agree to pay all charges in full.

INSURANCE

1. _____ Travel Insurance may provide extra protection for unexpected traveling problems. These problems could result from accident, illness, airline bankruptcy, lost luggage, cancelled or interrupted trip. Travel Insurance is available at an additional cost and is highly recommended. A-1 is not an insurance company. **As insurance coverage and premiums may differ from company to company, it is your responsibility to review the insurance coverage provided to determine the nature and extent of insurance coverage.** A-1 strongly encourages the purchase of DAN (Divers Alert Network) insurance for dive emergencies. I recognize that the decision to purchase insurance, and what insurance, if any, to purchase, is my decision alone.

DIVER AND NON-DIVER RESPONSIBILITY/WAIVER AND RELEASE OF LIABILITY

In consideration of A-1's arrangement of transportation, hotel accommodations, and/or a dive package (travel arrangements) on my behalf, I understand and recognize as follows:

1. _____ A-1 acts only as agent for the carrier, hotel, tour operator, vessel, boat or other facility providing the travel, accommodations, activities, tours, excursions, and other travel services, and A-1 has no control or ability to control the same. As such, I recognize that A-1 is not responsible for injuries, losses or damages to me, my luggage or dive equipment and I waive any such claims against A-1 for such injuries, losses or damages. I understand that if A-1 should be found liable for any injuries, losses or damages due from its failure or the failure of its employees, instructors, agents and representatives to perform any or all of its obligations or responsibilities, A-1's liability shall be limited to the total commission it received from said suppliers, this liability shall be exclusive and apply if injuries, losses or damages, irrespective of cause or origin, results directly or indirectly to persons or property from performance or non-performance of any of A-1's obligations or from negligence, active or otherwise, of A-1 and its employees, instructors, agents and representatives. This Agreement shall be binding upon heirs, legal representatives, and myself.
2. _____ The Airlines have a baggage and carry-on policy. Check with the Airlines concerning their restrictions and possible charges for checked luggage and overweight luggage.
3. _____ Certain environmental, travel or weather conditions, beyond the control of A-1, may affect the travel arrangements and/or dive operation and are not the responsibility of A-1.
4. _____ Travelers who are traveling with something other than US Nationals proof of Citizenship must be aware of proper traveling documents-ie: Visas.
5. _____ Children under 18 traveling out of the US with one or no parent must have a notarized form signed by both parents authorizing unaccompanied travel.
6. _____ Those traveling outside of the United States should consult with their physician or a travel clinic for recommended immunizations & medications.

DIVER RESPONSIBILITY/WAIVER AND RELEASE OF LIABILITY

1. _____ If I am not yet a certified diver, I have reviewed all written dive training materials and have successfully completed all pool and classroom requirements within the past 6 months. If I am a certified diver, I have proof of a current certification from a recognized certifying training agency.
2. _____ If a dive destination is located outside the continental United States and I should incur a dive related injury or affliction, I realize that the medical care and assistance from both a diagnostic and treatment standpoint, may be nonexistent or may be substandard to that provided in the United States. I also recognize and understand that A-1 makes no warranties or representations concerning the existence or quality of any suggested or recommended medical facilities for treating individuals with dive afflictions or injuries or the existence or quality of medical personnel trained in the diagnosis and treatment of dive afflictions or injuries.
3. _____ I understand the importance of not drinking alcoholic beverages or taking medication before, after or in connection with diving activities. The result of such conduct may cause or predispose me to certain medical conditions and dive afflictions, including but not limited to, decompression sickness and/or air embolism.
4. _____ The dive computer which I may use or may be employed by others in connection with my dive may not be applicable to myself. Should I make a decompression or a nondecompression dive within those dive computer limits, I recognize that I may still incur a dive injury or affliction, including but not limited to, decompression sickness or air embolism.
5. _____ Certain medical conditions may not be conducive to scuba diving. I represent that I have sought the advice of a physician before diving and said physician has advised me that there is no medical reason preventing me from scuba diving.
6. _____ A-1 makes no representations concerning the quality, care or instruction of any dive tour operator or employee nor any dive equipment which may be provided or arranged by A-1 in the dive tour operation. I also recognize and understand that A-1 makes no warranties or representations concerning the location, existence or quality of any suggested, recommended or mandatory first-aid equipment, including but not limited to, recompression chambers to be used in case of a dive injury or affliction.
7. _____ A-1 highly recommends that all divers be equipped with at least the following scuba equipment: buoyancy control device; low pressure inflator; submersible pressure gauge; regulator; alternate air source; dive computer; timing device; depth gauge; and emergency signaling devices.
8. _____ After diving, I should consult the applicable standards to determine how long I must wait before flying.

Please Print

Legal Name: (As on Passport) _____ Passport # _____ Expiration Date _____ Citizenship: _____

(Please attach a photocopy of your's and your minor children's passport) Upon returning home from your trip your passport must have a minimum of 6 months remaining before expiration.

Date of Birth: Month: _____ Day: _____ Year: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Diver: Y N To be certified on trip _____ Certification Agency: _____ # _____

Certification Level _____ Years of diving experience? _____ Number of Dives? _____ Date of Last Open Water Dive _____

Do you have DAN or other Divers Insurance: Yes _____ No _____ Dan Insurance#: _____

Other Divers Insurance Company Name _____ Number _____

Known Traveler #s: _____

Frequent Flyer #: UA _____ AA _____ Other: _____

Air Seat Preference: Window _____ Middle _____ Aisle _____

Please list your Minor Children under 18 years of age that will be traveling with you.

Legal Name: (As on Passport) _____ Passport # _____ Expiration Date _____ Citizenship: _____

(Please attach a photocopy of your's and your minor children's passport) Upon returning home from your trip your passport must have a minimum of 6 months remaining before expiration.

Date of Birth: Month: _____ Day: _____ Year: _____ Diver: Y N To be certified on trip _____

Legal Name: (As on Passport) _____ Passport # _____ Expiration Date _____ Citizenship: _____

(Please attach a photocopy of your's and your minor children's passport) Upon returning home from your trip your passport must have a minimum of 6 months remaining before expiration.

Date of Birth: Month: _____ Day: _____ Year: _____ Diver: Y N To be certified on trip _____

Emergency contact person:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

I HEREBY STATE THAT I HAVE CAREFULLY REVIEWED THE FOREGOING AND I ACKNOWLEDGE, RECOGNIZE, APPRECIATE AND ASSUME THE ABOVE RISKS INHERENT IN SCUBA DIVING AND/OR TRAVEL TO A FOREIGN COUNTRY OR WITHIN THE UNITED STATES AND WAIVE EACH AND EVERY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE, INCLUDING CLAIMS FOR NEGLIGENCE, WHICH I MIGHT HAVE AGAINST A-1 SCUBA AND TRAVEL AQUATICS CENTER, AND ITS EMPLOYEES, INSTRUCTORS, AGENTS AND REPRESENTATIVES, ARISING OUT OF TRAVEL ARRANGEMENTS, SCUBA INSTRUCTION OR SCUBA DIVING ACTIVITIES. THIS AGREEMENT SHALL BE BINDING UPON MYSELF AND MY HEIRS AND LEGAL REPRESENTATIVES.

The above conditions have been read, understood and agreed upon and I am signing on behalf of myself and all minor children listed above.

Signature: _____ Date: _____

If under 18 parent/guardian signature: _____ Date: _____