

Discovery Diving

SERVICE
AIR
RENTALS



Company, Inc.

DAILY CHARTERS
EQUIPMENT
INSTRUCTION

Trip Application

Destination: _____ Dates: _____ Group Leader(s): _____

Full Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____ Work Phone: _____

Cert. Card: DAN Card: Passport:

Physician Name: _____ Phone: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of emergency: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Are you a Certified Diver: Yes ___ No ___

Total # of dives logged: _____ Date/Location of last dive: _____

How do you rate yourself: Beginner _____ Intermediate _____ Experienced _____

Please indicate the number of dive you have made in the following categories:

Night Dives: Ocean Dives: Wreck Dives: Drift Dives: Below 100':

I, (Please print your full legal name) _____

Certify that the statements made regarding my experience and physical conditions are correct. I understand that if I plan to go SCUBA diving on this trip, my acceptance on this trip is predicated on my assurance that I am physically fit to engage in ocean SCUBA diving and that I fully understand the risks involved and am prepared to assume such risks. I further agree to hold harmless Discovery Diving Co., Inc. and any employees, subcontractors or agents acting on the behalf of Discovery Diving Co., Inc. in the event of any diving accident or injury which I may incur during the above listed trip. I further understand that the remoteness of the destination I have chosen may preclude immediate access to appropriate medical care and/or recompression therapy. I state candidly and without reservation that I am willing to assume complete responsibility for all risks encountered during this trip. My signature, or signature of my parents/guardians if I am under the age of maturity, attests to my understanding and agreeing to above assumption of risk.

Signed this day: _____ By: _____

Printed names and signatures of parents or guardians if applicable:

Printed Name: _____ Signature: _____

Printed Name: _____ Signature: _____