



# TRIP REGISTRATION FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(as it appears on Passport) (MM/DD/YYYY)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Contact info:**

Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**T-Shirt Size:**

Mns \_\_\_\_\_

Wms \_\_\_\_\_

**Passport #:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_  
*Note – Your passport must be valid for 6 months after the trip. Please supply us with colour copy of your passport.*

**Emergency Contact:** \_\_\_\_\_ **Home:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

## We are a Travel Insurance Dealer!

Their Insurance offers great protection for travel cancellations and medical insurance. Insurance will pay for your emergency medical expenses up front, so no money comes out of your pocket. They have a variety of packages that can cover everything from last minute cancellations to medical emergencies. Please initial below the line that applies to you.

- Yes, I would like to purchase Travel and/or Medical Insurance.  
 I have already purchased travel insurance from Awesome Adventures.  
 I am not interested in travel insurance/would like to find my own travel insurance. I understand the risks in travelling without insurance.  
 I will check my policy and make sure I am covered to dive and provide a copy to Awesome Adventures Ltd.

**Policy Company Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

I understand that there may be penalties to pay if I cancel after my deposit. \_\_\_\_\_ Initial

## Voluntary Release, Waiver, and Liability.

I understand and am aware that diving is a potentially HAZARDOUS activity. I understand the sport of diving involves the risk of injury. I hereby agree to freely and expressly assume and accept any and all risks of injury or death while participating in diving activities. I agree that I will release ANDERSON AQUATICS and AWESOME ADVENTURES LTD (the dive shop) from any and all responsibility or liability for injuries or damages to the participant in this diving activity or to any other person. I agree NOT to make a claim against or sue the dive shop, instructors, or any affiliates for injuries or damages relating to diving and/or the use of its equipment. I agree to release the dive shop from any such responsibility, whether it results from any negligence or other liability arising out of the maintenance of this equipment or organization of this activity. I hereby agree to accept the terms and conditions of this contract. This document constitutes the final and entire agreement between this dive shop and the undersigned. There are NO WARRANTIES, expressed or implied, which extend beyond the description of the activity listed on this form. I have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the dive shop and I sign it of my own free will.

Participant's Signature

Date (Day/Month/Year)