

RESERVATIONS ARE NOT CONFIRMED UNTIL THIS CHARTER APPLICATION HAS BEEN RECEIVED BY  
**AQUATIC ADVENTURES**  
→(Please be sure to sign and date in all four signature spaces.) **PLEASE ANSWER ALL QUESTIONS**

Name \_\_\_\_\_ Cruise Date \_\_\_\_\_ Vessel \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone (HM) \_\_\_\_\_ CELL \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_ Work \_\_\_\_\_  
Country \_\_\_\_\_ Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_  
Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_ e-Mail \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
(Name, Address, Telephone, Relationship) PLEASE DO NOT WRITE PERSON YOU ARE TRAVELING WITH

Certifying Agency \_\_\_\_\_ Cert. Number \_\_\_\_\_ Cert. Level \_\_\_\_\_  
Do you have a dive accident insurance policy? YES NO If yes, from what company? \_\_\_\_\_ Policy Number \_\_\_\_\_  
Approximately how many dives have you logged previously (as of the date of signing this form)? \_\_\_\_\_  
Approximately how recent was your last open water dive? (Give Date and Place) \_\_\_\_\_

ARRIVAL TIME/DATE/AIRLINE/FLIGHT #: \_\_\_\_\_

DEPARTURE TIME/DATE/AIRLINE/FLIGHT #: \_\_\_\_\_

Special Requests: \_\_\_\_\_

**TRIP CANCELLATION AND INTERRUPTION INSURANCE**

We strongly recommend that you purchase comprehensive accident, medical, baggage and trip cancellation/interruption insurance when space is reserved. Trip insurance will protect you from financial disappointment in the event unforeseen circumstances prevent the vessel from making its scheduled trip. In the event it is necessary to cancel or interrupt a charter due to weather or any matter beyond the control of *Wild World Images, Inc.*, Aquatic Adventures and/or Explorer Ventures, LTD., there will be no refund or credit issued. We also recommend diving accident insurance. Please inquire with our reservation office for assistance.

I hereby certify that I have read and understand the foregoing statement.

→Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL HISTORY**

The following information is intended for use in the case of an emergency in the event you should be unable to supply it. PLEASE REMEMBER THAT YOU ALONE ARE RESPONSIBLE FOR DETERMINING YOUR MEDICAL AND PHYSICAL FITNESS TO DIVE, SNORKEL OR TO TAKE PART IN ANY OTHER ACTIVITIES DURING THIS TRIP. WE TAKE NO RESPONSIBILITY WITH RESPECT TO YOUR DETERMINATION. If you have any questions concerning your medical or physical fitness to dive or take part in any such activities, please consult your personal physician. Please check any of the following items which apply to your past medical history or present medical condition:

I hereby certify that the foregoing is true and correct.

→Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check any of the following items which apply to your past medical history or present medical condition.

- |  |  |
|--|--|
| <input type="checkbox"/> I am currently suffering from cold or congestion.                       | <input type="checkbox"/> I have had decompression sickness (Bends) or another diving accident.   |
| <input type="checkbox"/> I am currently taking medications *<br>*Please list medication(s) _____ | <input type="checkbox"/> I have hay fever or other allergies.  |
| <input type="checkbox"/> I have a history of respiratory problems or disease.                    | <input type="checkbox"/> I have a history of high blood pressure   |
| <input type="checkbox"/> I am diabetic   | <input type="checkbox"/> I have a collapsed lung (pneumothorax)  |
| <input type="checkbox"/> I have a history of seizures, dizziness, fainting or blackouts.         | <input type="checkbox"/> I have had surgery or a penetrating injury to my chest.   |
| <input type="checkbox"/> I have had asthma, emphysema, or tuberculosis                           | <input type="checkbox"/> I am under the care of a physician or have a chronic illness.   |
| <input type="checkbox"/> I have a history of sinus problems                                      | <input type="checkbox"/> I am NOT pregnant   |
| <input type="checkbox"/> I have a nervous-system disorder  | <input type="checkbox"/> I am not now suffering nor have I ever suffered from any mental and/or physical disease, illness or disability, which would render me, unfit for scuba diving, scuba instruction, snorkeling, water-skiing or any other water sports. |
| <input type="checkbox"/> I have had a head or back injury  |  |

I hereby certify that the foregoing is true and correct.

→Signature \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL RELEASE AND AUTHORIZATION**

I hereby give *Wild World Images, Inc.*, Aquatic Adventures, Tom Conlin and Explorer Ventures LTD., the absolute and irrevocable right and permission with respect to the photographs and/or videos that have been taken of me or in which I may be included with others:

- To copyright the same in *Wild World Images, Inc.*'s name or any other name that *Wild World Images, Inc.* may choose.
- To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs or videos, in any medium and for any purpose whatsoever, including (but not in way of limitation) illustration, promotion and advertising trade.
- To use or disclose my name in connection therewith if *Wild World Images, Inc.*, so chooses.

I hereby release and discharge *Wild World Images, Inc.*, Aquatic Adventures, Tom Conlin and Explorer Ventures LTD. from any and all claims, including any and all claims for defamation and invasion of privacy. This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of *Wild World Images, Inc.*, Aquatic Adventures, Tom Conlin and Explorer Ventures LTD., as well as the person(s) for whom the photographs or videos were taken. I hereby certify that I have read and understand the foregoing statement.

→Signature \_\_\_\_\_ Date \_\_\_\_\_