

**.RESERVATIONS ARE NOT CONFIRMED UNTIL THIS CHARTER APPLICATION HAS BEEN RECEIVED BY
AQUATIC ADVENTURES**

(Please be sure to sign and date in all three signature spaces.)

Name _____ Cruise Date _____ Vessel _____

Home Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Country _____ Citizenship _____ Passport # _____

Occupation _____ Date of Birth _____ e-Mail _____

Emergency Contact _____
(Name, Address, Telephone, Relationship)

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) _____

Arr. Flight and Date: _____ Depart. Flight and Date: _____

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 Nekton Diving Cruises Inc., 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 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:

- | | |
|--|--|
| <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. *
* 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 NEKTON DIVING CRUISES, INC. 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 NEKTON DIVING CRUISES, INC., 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 NEKTON DIVING CRUISES, INC. 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 _____