

# Trip Registration and Document Checklist

All documents in this packet **MUST BE COMPLETED** and returned to *Colorado Scuba Diving Academy* prior to your trip's departure. A deposit of \$500-\$1,000 (depending on your trip) is required in order to reserve your space.

## Document Checklist

Traveler's Name: \_\_\_\_\_



### **Student's/Traveler's Contact & Passport Information (Pg. # 2)**

Please fill out in *FULL*. Include all contact information, including email address to send trip updates. Your name in the "passport information" section must be filled out **EXACTLY** as it appears on your passport. **Be aware**, your passport **MUST** be valid for at least 6 months from the day of entry to a foreign country (you could be denied entry if less than 6 months).

**Dive Trip:**

**Date:**

**Trip Organizer:** Colorado Scuba Diving Academy, LLC

**Deposit Amount:** \$

(Credit Cards subject to 3% surcharge)

When paying with a check, please make checks payable to:

***Colorado Scuba Diving Academy (or CSDA)***



### **Dive Insurance Information (Pg. # 3)**

Please provide insurance agency name, policy holder's name and policy number.  
**(Can be provided at a later time, but before departure)**



### **PADI Travel and Excursion Liability Release Form (Pg. # 4)**

Please read carefully and sign. **Note:** Legal guardian **MUST** sign for a minor

## Student's/Traveler's Contact & Passport Information

### CONTACT INFORMATION:

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_

### PASSPORT INFORMATION:

Full Name (exactly as it appears on the passport):

\_\_\_\_\_

Nationality and Passport Number:

\_\_\_\_\_

Expiration Date (should be at least 6 months from day of entry):

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

## Dive Insurance Information Optional Trip/Traveler Insurance Information Emergency Contact Information

Dive insurance is **Highly Recommended**. There are plenty of options to choose from. However, we highly recommend that you choose DAN (Divers Alert Network) insurance, the most trusted dive insurance provider in the dive industry. Most plans will also cover trip interruption. We won't go diving without insurance and neither should you. It is the smart way to dive.

**Check out *DAN* insurance online at:** <http://www.diversalertnetwork.org>

### INSURANCE INFORMATION:

#### **Mandatory Dive Insurance**

Insurance Company Name: \_\_\_\_\_

Diver's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

#### **Optional Trip/Traveler Insurance**

Insurance Company Name: \_\_\_\_\_

Traveler's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

#### **Emergency Contact Information**

Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

eMail Address: \_\_\_\_\_

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

TRAVEL AND EXCURSIONS

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including CO Scuba Diving Academy and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of CO Scuba Diving Academy and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, participant name, hereby affirm I am voluntarily engaging in the recreational activities planned for my trip to, which activities may include, but are not limited to, scuba diving, snorkeling, boating and. If I engage in scuba diving, I affirm that I am a certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. I certify that I am fully aware of and expressly assume all risks involved in scuba diving, snorkeling, boating and other activities in which I choose to participate.

I understand and agree that neither CO Scuba Diving Academy, nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties,") may be held liable or responsible in any way for any occurrence on this trip which may result in personal injury, property damage or wrongful death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this trip or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this Liability Release Agreement, or that I have obtained the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, participant name, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)