

Last dive: _____

Total # of dives: _____

Dive Card verified: _____

Koror #: _____

Peleliu #: _____

APPLICATION FORM (please print clearly)

Date: _____

Name: Mr. / Mrs. / Miss (Please circle one)

First Name MI Last

Home Address:

(City) (State)

(Country) (Zip Code)

Phone: _____

Date of Birth: _____

Fax: _____

Occupation: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone: _____

Address: _____

Fax: _____

* Do you hold dive insurance? Agency _____ Member ID# _____

* Which SCUBA certificate do you hold? Agency _____ Level _____

Member ID #: _____

Do you have any medical history, medical condition or medical impairment that would make diving or other underwater activities dangerous, hazardous or expose you to exceptional risk. If yes submit a physician letter or waiver. Yes / initial _____ No / initial _____

* What source led you to Fish'n Fins?

Internet

Rodale's Scuba Diving.....

Sport Diver.....

Asian Diver..... Scuba Times..... Tauchen.....
Action Asia..... Dive International..... Other.....

AGENT: _____

For and in consideration of (1) Ocean Hunter 1 / Ocean Hunter 2 / Fish'n Fins since 1972 (Circle the proper service) and (2) Navot Bornovski, Tova Har-El, Francis Toribiong and their employees permitting me (3) _____ (*Diver's name*) to board, reside on and participate in SCUBA DIVING/SNORKELING and other arising from or in conjunction with (4) Fish'n Fins such activities planned to extend from _____ to _____ inclusive, I hereby Voluntarily and knowingly release, discharge waive and relinquish any and all actions or causes of action for personal injury , property damage and wrongful death, including but not limited to loss of services , occurring to me , which may arise as a result of engaging in, receiving instructions about , or in conjunction with , any activities incidental to such activities , whenever such may occur. I further agree that under no circumstances will I make, prosecute or present any claim against those entities identified in (1) (2) and (4) above for any act or omission or due to their negligence or gross negligence relating to such activities or from the ownership, maintenance, use operation or control of any Automobile, ship, airplane, bicycle, boat, vehicle, inn, hotel, common carrier, or otherwise. IT IS MY INTENTION BY SIGNING THIS DOCUMENT, TO EXEMPT AND RELIEVE THOSE ENTITIES IDENTIFIED IN (1) (2) & (4) ABOVE AND THEIR AGENTS, SERVANTS AND EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH AND LOSS OF SERVICES WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE. By signing this document, I acknowledge that I assume that the risk of personal injury, property damage, wrongful death or loss of services upon myself. I further agree that in the event that I, my heirs, executors, administrators and assigns, prosecute any such claim against any of those entities identified in (1) (2) & (4) above, I shall indemnify and hold them harmless from any and all loss or liability, including costs and attorney fees. I further agree to observe strictly and comply with such additional reasonable terms and regulations as those entities identified in (1) (2) & (4) above shall include a reference to, and shall inure to the benefit of NAUI, PADI and any and all of their respective agents, servants, contractors and employees.

I further acknowledge: (Please put your initial in each section)

- ___1. I am a certified SCUBA diving trained in safe diving practices.
- ___2. I am aware of the risks inherent in this sport and accept these risks.
- ___3. I affirm that I am in good mental and physical fitness for diving and that I will not hold any of those entities identified in (1) (2) & (4) above responsible if I am injured or die as a result of heart, lung, ear or circulatory problems or other illness or condition that may occur while diving.
- ___4. I am affirming that I am not under the influence of alcohol, nor am I taking any drugs that are contradicted for diving. If I am taking medication, I affirm that I have seen physician and have approval to dive although taking such medication.
- ___5. I understand that diving with compressed air involves certain risks and that injuries can occur that require treatment in recompression chamber, I further understand that an open water diving trip may be conducted at sites that are remote, by time and/or distance, from a recompression chamber and or medical facilities, and nonetheless agree to accept the risk when I proceed with such dives.
- ___6. I understand that even if I follow all of the appropriate dive practices, there is still some risk of sustaining decompression sickness, heart attack, embolism or other hyper baric injuries, and I expressly assume the risk of such injuries or illnesses.
- ___7. I acknowledge that I have been fully and completely advised of the potential hazards and dangers incidental to engaging in boat based residence and activities and the activity and instruction of skin and SCUBA diving/Snorkeling.
- ___8. I understand that diving in open waters involving additional risks due to the environment, animal or sea life, currents and mechanical equipment failure or misuse and that injury or death may occur from such diving.
- ___9. I also understand that SCUBA diving/Snorkeling is a physically strenuous activity and that I will be exerting myself during this dive excursion .If I am injured or die as a result of heart attack, panic, hyperventilation or otherwise, I expressly assume the risk of such injuries.
- ___10. I also agree that any appropriate court in the Republic of Palau shall have an exclusive jurisdiction over any case or controversy arising under or in connection with this document.

I acknowledge that I have read the foregoing paragraphs fully understand the legal rights that I am giving up by signing this document.

I have read this agreement, understand it and agreed to be bound by it.

Signature of participant: _____ Date: _____

Signature of parent or Guardian (for minor) _____