

Channel Islands Dive Adventures

TRIP APPLICATION FORM

BE SURE TO COMPLETELY READ AND SIGN THE BACK OF THIS FORM!

Destination _____ Date of trip _____

Each applicant must completely read, fill out, sign and return this application along with the appropriate **non-refundable deposit** (if not already paid) to reserve space on the foregoing arrangement. **Channel Islands Dive Adventures (CIDA)** and its cooperative destination incur unrecoverable charges preparing for these groups; therefore there can be no refunds if cancellations occur by the date specified for each individual trip. Airline tickets are generally non-refundable.

Please provide your legal name for ticketing as it appears on your passport.

Full Legal Passport Name: _____ Birth Date: _____

Passport # if needed for travel: _____ Expiration: _____

If CIDA is providing your airline reservations what is your preferred seat _____ Any special needs _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Cell) _____

Email Address: _____

Emergency contact: _____ Phone _____

**Channel Islands Dive Adventures always recommends travel and dive insurance.
If you wish you can purchase it through Channel Island Dive Adventures**

Travel Insurance: _____ Policy # _____ Decline _____

**If you decide not to supply travel insurance please initial above that you are declining this option.*

Dive Insurance: _____ Policy # _____ Decline _____

**If you decide not to supply dive insurance please initial above that you are declining this option.*

SKIN AND SCUBA divers please complete:

Do you have any medical history, medical condition or medical impairment which would make diving or other underwater activities dangerous or hazardous or expose you to exceptional risk, or requires special attention or medication (i.e. rare blood type, asthma, heart problems, diabetes, etc) YES ___ NO ___

If YES please explain: _____

Have you had SCUBA INSTRUCTION? _____ Yes _____ No

I am a: (A) Non Diver (B) Novice diver (C) Intermediate diver (D) Experienced diver (Circle one)

LEVEL ATTAINED: _____ Openwater _____ Advanced _____ Nitrox _____ Rescue _____ Divemaster _____

Assistant Instructor _____ Instructor _____

Agency and Certification # _____

How many dives have you done? _____ Date of Last Dive _____

Channel Islands Dive Adventures, 1908 Arcadia Street, Oxnard, California, 93033, Phone: (805) 469-7288

Email – info@channelislandsdiveadventures.com Web Site www.ChannellIslandsDiveAdventures.com

THE CHANNEL ISLANDS DIVE ADVENTURES WAIVER
PLEASE READ BEFORE SIGNING!!

Remoteness of areas, local custom, or prevailing weather conditions may cause substitution of facilities and/or equipment, minor inconveniences or modification to the diving portions of the program itinerary. CHANNEL ISLANDS DIVE ADVENTURES reserves the right to modify and/or cancel diving arrangements due to unfavorable weather conditions and to substitute comparable equipment. No refunds can be made for canceled diving arrangements due to adverse weather, or for substitution of facilities and/or equipment or for services or goods provided in the itinerary should such services or goods not be utilized by tour members. All participants agree to comply with any reasonable term or regulation that CHANNEL ISLANDS DIVE ADVENTURES may prescribe during the course of the program. CHANNEL ISLANDS DIVE ADVENTURES reserves the right to deny an applicant for any reason.

RELEASE OF LIABILITY

Applicant certifies the statements made on the foregoing application regarding experience are correct and Applicant understands that acceptance on this trip is predicated on Applicant's presentation that he/she is physically fit to engage in ocean SCUBA diving and has had sufficient training to engage in ocean SCUBA diving and understands the risks involved and willingly assumes all risks whether foreseen or unforeseen.

It is understood that CHANNEL ISLANDS DIVE ADVENTURES is independent of and has no business association, as partner, joint venturer, owner or otherwise, with any resort, hotel carrier, boat operator, or other person or firm furnishing any service or facility in connection with the subject travel program.

It is expressly understood and agreed that CHANNEL ISLANDS DIVE ADVENTURES assumes no responsibility or liability for service, transportation, or equipment made available by any resort, hotel or other person, either as to its availability or as to its safety, quality or condition, nor for the acts of any employee or agent of such establishment.

It is also understood and agreed that CHANNEL ISLANDS DIVE ADVENTURES does not by acceptance of this Applicant, assume any responsibility or liability for the safety of any participating individual, particularly while such individual is engaged in underwater activities whether alone or in groups, under the supervision of a tour escort, or otherwise. The tour escort is not acting in the capacity of instructor unless specifically indicated.

Each of the undersigned further agree that in consideration of the price at which the said program is offered and conducted and other good and valuable consideration and in order to induce CHANNEL ISLANDS DIVE ADVENTURES to accept the Applicant under the age of majority, to release CHANNEL ISLANDS DIVE ADVENTURES and its owners, operators, instructors, employees or other agents, from damages resulting from death or personal injuries, including loss of services which the undersigned may sustain on account of, or in connection with said program including ownership, maintenance, use or operation of any automobile ship, airplane, boat, hotel or common carrier.

It is also understood that CHANNEL ISLANDS DIVE ADVENTURES has not purchased insurance that would cover individuals in case of accident, injury, death, property damage or loss of services. Travel and dive accident insurance is available for purchase through Channel Islands Dive Adventures.

The undersigned also agree and realize that an emergency medical situation may arise and hereby provide written authorization to CHANNEL ISLANDS DIVE ADVENTURES and its employees or representatives, to provide emergency medical care, or necessary evacuation, and agree to hold such parties harmless and indemnify them for any such action taken on behalf of the undersigned and the costs incurred thereof. The undersigned agrees that this Release of Liability also binds the spouse, family, heirs and legal representatives of the undersigned.

By signing below, the undersigned signify that they **have carefully read** the foregoing RELEASE OF LIABILITY and all information and conditions contained on the reverse side hereof and agree to all those terms and conditions.

LASTLY, I UNDERSTAND AND AGREE THAT, IN THE EVENT THAT ONE OR MORE OF THE PROVISIONS OF THIS AGREEMENT, FOR ANY REASON, IS HELD BY A COURT OF COMPETENT JURISDICTION TO BE INVALID OR UNENFORCEABLE IN ANY RESPECT, SUCH INVALIDITY, ILLEGALITY OR UNENFORCEABILITY SHALL NOT AFFECT ANY OTHER PROVISION HEREOF, AND THIS AGREEMENT SHALL BE CONSTRUED AS IF SUCH INVALID, ILLEGAL OR UNENFORCEABLE PROVISION OR PROVISIONS HAD NEVER BEEN CONTAINED HEREIN.

Date	Signature of Applicant	Name (Print)
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Date	Parent Signature of Minor (if applicable)	Name (Print)
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