

# HIGH PLAINS SCUBA CENTER

## APPLICATION FOR TRAVEL

NAME: \_\_\_\_\_

TRIP: \_\_\_\_\_

DATE OF DEPARTURE: \_\_\_\_\_

Please read and initial the following statements. Return ASAP to Confirm Reservation.  
Travel documents will not be released without receipt of this completed form.

### RESERVATIONS/CHARGES

1. \_\_\_\_\_ Reservations are considered firm upon receipt of \$500.00 deposit (unless otherwise noted). Final payment due no later than 60 days from departure.
2. \_\_\_\_\_ Any changes of trip dates and cancellations will be subject to a \$50.00 per person charge, in addition to applicable charge or penalty authorized by the tour company sponsoring the particular trip. Should HPSC cancel the trip prior to departure, full refund of payment will constitute settlement. Should I authorize payment by credit card, I agree to pay all charges in full.
3. \_\_\_\_\_ All prices are based upon double occupancy. Single persons will be subject to additional charges.
4. \_\_\_\_\_ Reconfirm all international airline reservations no later than 72 hours prior to departure times. Flight times are subject to change.

### INSURANCE

1. \_\_\_\_\_ Travel Insurance may provide extra protection for unexpected traveling costs. These could result from accident, illness, airline bankruptcy, lost luggage, cancelled or interrupted trip. Travel Insurance is available at an additional cost through HPSC and is highly recommended. HPSC strongly encourages the purchase of DiveAssure Insurance for travel insurance and dive emergencies. I recognize that the decision to purchase insurance is my decision alone.

### DIVER AND NON-DIVER RESPONSIBILITY/WAIVER AND RELEASE OF LIABILITY

In consideration of HPSC's arrangement of transportation, hotel accommodations, and/or a dive package travel on my behalf, I understand and recognize as follows:

1. \_\_\_\_\_ HPSC acts only as agent for the carrier, hotel or other facility providing the travel, accommodations and other travel services, and as such, the sole financial responsibility of HPSC to me for any travel related problems I may experience is limited to the amount of commissions it received from said suppliers. HPSC is not responsible for loss or damage to my luggage or dive equipment.
2. \_\_\_\_\_ The Airlines have a baggage and carry-on policy. Check with the Airlines concerning their restrictions and possible charges for overweight baggage.
3. \_\_\_\_\_ Certain environmental, travel or weather conditions, beyond the control of HPSC, may affect the travel arrangements and/or dive operation and are not the responsibility of HPSC.
4. \_\_\_\_\_ Travelers who are traveling with something other than US Nationals proof of Citizenship must be aware of proper traveling documents - i.e. : Visas.
5. \_\_\_\_\_ Children under 18 traveling out of the US with one or no parent must have a notarized form signed by both parents authorizing unaccompanied travel.
6. \_\_\_\_\_ Those traveling outside of the United States should consult with their physician or a travel clinic for recommended immunizations & medications.

### DIVER RESPONSIBILITY/WAIVER AND RELEASE OF LIABILITY

1. \_\_\_\_\_ If I am not yet a certified diver, I have reviewed all written dive training materials and have successfully completed all pool and classroom requirements within the past 6 months. If I am a certified diver, I have proof of a current certification card from a recognized certifying training agency.
2. \_\_\_\_\_ If a dive destination is located outside the continental United States and I should incur a dive related injury or affliction, I realize that the medical care and assistance from both a diagnostic and treatment standpoint, may be nonexistent or may be substandard to that provided in the United States. I also recognize and understand that HPSC makes no warranties or representations concerning the existence or quality of any suggested or recommended medical facilities for treating individuals with dive afflictions or injuries or the existence or quality of medical personnel trained in the diagnosis and treatment of dive afflictions or injuries.
3. \_\_\_\_\_ I understand the importance of not drinking alcoholic beverages or taking medication before, after or in connection with diving activities. The result of such conduct may cause or predispose me to certain medical conditions and dive afflictions, including but not limited to, decompression sickness and/or air embolism.
4. \_\_\_\_\_ The dive tables which I may use or may be employed by others in connection with my dive may not be applicable to myself. Should I make a decompression or a non-decompression dive within those dive tables, I recognize that I may still incur a dive injury or affliction, including but not limited to, decompression sickness or air embolism.
5. \_\_\_\_\_ Certain medical conditions may not be conducive to scuba diving. I represent that I have sought the advice of a physician before diving and said physician has advised me that there is no medical reason preventing me from scuba diving.
6. \_\_\_\_\_ HPSC makes no representations concerning the quality, care or instruction of any dive tour operator or employee nor any dive equipment which may be provided or arranged by HPSC in the dive tour operation. I also recognize and understand that HPSC makes no warranties or representations concerning the location, existence or quality of any suggested, recommended or mandatory first-aid equipment, including but not limited to, re-compression chambers to be used in case of a dive injury or affliction.
7. \_\_\_\_\_ HPSC highly recommends that all divers be equipped with at least the following scuba equipment: buoyancy control device; low pressure inflator; submersible pressure gauge; regulator; alternate air source; dive tables; timing device; and depth gauge.
8. \_\_\_\_\_ After diving, I should consult the applicable standards to determine how long I must wait before flying.

PLEASE PRINT

Name: (As on Passport) \_\_\_\_\_

Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_ Suite or Apt. #: \_\_\_\_\_

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

Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Email: \_\_\_\_\_

Diver: Y N To be certified on trip \_\_\_\_\_ Certification Agency: \_\_\_\_\_ Certification #: \_\_\_\_\_

Certification Level \_\_\_\_\_ Years of diving experience? \_\_\_\_\_ Number of Dives? \_\_\_\_\_

How would you rate your diving experience:

Beginner Intermediate Expert Date of last open water dive: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dive Insurance Information:

None DAN DiveAssure Policy # \_\_\_\_\_

**Emergency contact person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

I HEREBY STATE THAT I HAVE CAREFULLY REVIEWED THE FOREGOING AND I ACKNOWLEDGE, RECOGNIZE, APPRECIATE AND ASSUME THE ABOVE RISKS INHERENT IN SCUBA DIVING AND/OR TRAVEL TO A FOREIGN COUNTRY OR WITHIN THE UNITED STATES AND WAIVE EACH AND EVERY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE, INCLUDING CLAIMS FOR NEGLIGENCE, WHICH I MIGHT HAVE AGAINST HPSC AND ITS EMPLOYEES, INSTRUCTORS, AGENTS AND REPRESENTATIVES, ARISING OUT OF TRAVEL ARRANGEMENTS, SCUBA INSTRUCTION OR SCUBA DIVING ACTIVITIES. THIS AGREEMENT SHALL BE BINDING UPON MYSELF AND MY HEIRS AND LEGAL REPRESENTATIVES.

The above conditions have been read, understood and agreed upon.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 parent/guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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