

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 is due 90 days prior to departure (unless otherwise noted).
2. _____ Any changes of trip dates and cancellations will be subject to a \$100.00 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 single rate 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 and is highly recommended. HPSC strongly encourages the purchase of DiveAssure Insurance for 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, recompression 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) Given names _____ Surname _____

Passport Number _____ Expiration Date _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers (Home) _____ (Work) _____ (Cell) _____
(Fax) _____

Date of Birth: Month: _____ Day: _____ Year: _____

Email: _____

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

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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