

## Scuba Center Trip Application

This application must be completed by each person who registers for a Scuba Center (SC) travel program. Trip cancellations are subject to a **minimum** \$200 cancellation fee and any refund is based on our ability to resell your space, and/or cancellation penalties of the vendors who provide travel services to Scuba Center. These include, but are not limited to, resorts, dive operators, and airlines. Scuba Center strongly recommends that you consider purchasing travelers insurance.

**This document contains important information used for travel documents so please write legibly.**

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Destination \_\_\_\_\_ Date of Departure \_\_\_\_\_

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How did you hear about this trip? \_\_\_\_\_

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Name \_\_\_\_\_

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

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

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Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**PASSPORT INFORMATION** (Passport should be valid a minimum of 6 months past travel dates)

Please provide a copy of the photo page of your current passport. Bring your passport in for us to copy or scan and send to [travel@scubacenter.com](mailto:travel@scubacenter.com). If your passport is no longer valid, or you don't have one, this information can be provided at a later date. We recommend that you begin the process of obtaining a passport right away.

**TRUSTED TRAVELER PROGRAMS** (TSA precheck or Global Entry)

If you provide us your Trusted Traveler information we will include it on your airline reservation.

TSA Pre-check # \_\_\_\_\_ Global Entry # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** In the event of an emergency, please list the person we may contact on your behalf:

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

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

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

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Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**TRAVELING AS A DIVER?** (circle one) **Yes** **No** If yes:

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What SCUBA certifications do you hold? \_\_\_\_\_

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Please give a brief summary of your diving experience.

**MEDICAL HISTORY**

Do you have any medical history, medical condition or medical impairment which would make diving dangerous, hazardous, or expose you to exceptional risk? If yes please explain.

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**Please turn document over and complete other side.**

**ROOMING**

We welcome travelers who travel alone and wish to share a room. Would you object to sharing a room with a member of the opposite sex? (circle one) **Yes No**

We will do our best to accommodate your preference, however, you may prefer to guarantee your rooming situation by having a private room and agree to cover the additional cost of a single room.

I would prefer a private room \_\_\_\_\_ (*initials*) Contact Scuba Center for information about availability and cost.

Any special dietary requests?

**TRAVEL INSURANCE**

Protect your dive vacation investment. Trip cancellation insurance may be purchased on your own for a nominal premium. We urge you to purchase such insurance and read the policy carefully.

I release Scuba Center and any employee associated with the Scuba Center from any and all expenses I or any member of my traveling party may incur as a result of not purchasing a travel insurance plan.

Name

Signature

Date

**GENERAL CONDITIONS**

General Release, Assumption of Risk, Waiver of Liability and Indemnity Agreement Agreement of Liability and Responsibility and Release.

I hereby understand and agree to the above General Conditions and to the following terms and conditions of participating in a Scuba Center program.

1. *Liability and Release: In traveling to and from any dive destination and during the trip itself, there are certain risks and dangers, including but not limited to hazards arising from the forces of nature, from living on board ship, from accident or illness without medical facilities, and from travel itself. In consideration of, and as part payment for, the right to participate in this trip, I assume all risks of harm, injury and damage to myself and my personal property arising out of my preparation for and participation in this trip. I agree to hold Scuba Center harmless from, and to indemnify it against, any and all claims, liabilities, obligations, and causes of action of whatever kind or nature for injury to me, of my death and for any and all damage to, or destruction of my personal property, resulting from any and all negligent acts or omissions of Scuba Center or its employees, agents, contractors or invitees.*
2. *Suppliers of Services: Scuba Center is performing a service by making known to potential participants worthwhile scuba trips. But, Scuba Center is acting independently and has no business association as partner or joint venture with any boat owner, resort, hotel, carrier or other supplier of sail or other transportation or other services. Any and all claims for inadequate or non-performance of such services may be made against the supplier of those services but shall not be made against Scuba Center.*
3. *All programs are subject to change as to date, itinerary and price. Substitutions on a given program are not considered cancellation by Scuba Center. No refunds can be made for canceled diving arrangements due to adverse weather, or for substitution of facilities and/or equipment, or for minor inconvenience. Applicant declares that Applicant has read and understands the contents hereof and voluntarily signs the General Release, Assumption or Risk, Waiver of Liability and Indemnity Agreement.*

Signature

Date

Signature of Parent or Guardian (where applicable)

Date

**HAVE YOU COMPLETED ALL BLANKS? THE INFORMATION REQUESTED ON THIS FORM IS ESSENTIAL TO THE PROCESSING OF YOUR APPLICATION.**

**Application to be returned to:**

[travel@scubacenter.com](mailto:travel@scubacenter.com) or

5015 Penn Ave South Minneapolis, Minnesota 55419 (612) 925-4818 Fax 612-925-5933

1571 Century Point Eagan, Minnesota 55121 (651) 681-8434 Fax 651-681-8433

