

CINCINNATI SCUBA & AQUATICS TRIP REGISTRATION & RELEASE AGREEMENT

TRIP & DATE \_\_\_\_\_

**PLEASE PRINT!!!**

NAME (as it appears on your passport) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

DOB \_\_\_\_\_ SEX M F E-MAIL ADDRESS \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

ROOMMATE PREFERENCE \_\_\_\_\_ ALL PRICES ARE BASED ON DOUBLE OCCUPANCY.

**If you are traveling alone we will make every effort to arrange a roommate of the same sex, but we can make no guarantees that a roommate will be available. The single occupancy upcharge applies.**

\_\_\_\_\_ (Initial) Your deposit of \$\_\_\_\_\_ reserves your spot on this trip and is **NON refundable** unless the spot is resold.

\_\_\_\_\_ (Initial) **Balances are due 90 days** prior to the departure date, by check, credit card, or cash.

\_\_\_\_\_ (Initial) ALL CANCELLATIONS MUST BE MADE IN WRITING. If your written cancellation notice is within 90 days prior to departure you are still responsible for the entire cost of the trip. (Please see travel insurance brochure provided.)

\_\_\_\_\_ (Initial) I agree to allow my likeness to be used on CSA social media sites and CSA website

\_\_\_\_\_ (Initial) All REFUNDS will only be made if your reserved space on this trip can be resold, less any cost incurred.

\_\_\_\_\_ (Initial) **DUE TO TODAY'S FLUCTUATING AIRFARES, THE TRIP PRICE DOES NOT INCLUDE AIRFARE UNLESS OTHERWISE STATED IN WRITING.**

**TRIP CANCELLATION INSURANCE IS INCLUDED IN THE PRICE. PLEASE FAMILIARIZE YOURSELF WITH THE DETAILS**

It is expressly understood and agreed that neither Cincinnati SCUBA & Aquatics nor any of its staff assumes any responsibility or liability for services, transportation, accommodations, diving or changes to itineraries. It is further understood and agreed that prevailing weather conditions or other situations may arise that may cause certain modifications or cancellations to the dive program or trip. No refunds can be afforded for cancelled dives due to adverse weather conditions unless said resort will give our group a refund. It is likewise fully understood and agreed that the applicant and/or legal guardian of the applicant releases from any claims for liability and will hold harmless and indemnify Cincinnati SCUBA & Aquatics, its staff and employees, from any liability, loss and corresponding actions in law and equity, for property loss or damage and any damages from death or injuries arising out of participation in the above activities. Cincinnati SCUBA & Aquatics assumes no liability whether resulting from negligence of our staff, resort, and common carrier or otherwise.

The above applicant acknowledges that he/she is physically fit and has sufficient training to participate in the above SCUBA diving activity/trip. The applicant understands that SCUBA diving has certain risks of injury and/or death and is prepared to **ASSUME ALL** such risks. He/she understands all safe diving practices and agrees to stay within the safe sport diving limits, to stay above 100 feet and always follow safe diving practices.

EMERGENCY MEDICAL TREATMENT REQUEST: In case of an emergency, I request first aid to be rendered. In case of an emergency and in the event that I am unconscious and a reasonable attempt to secure authorization for necessary treatment from a family member is unavailable, I do hereby authorize any licensed physician to administer any medication or treatment that is necessary.

Exceptions, if any: \_\_\_\_\_

Do you have any medical issues that should be understood before diving? Yes No

Explain: \_\_\_\_\_

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

DATE	INVOICE NO.	DEPOSIT/PAYMENT	BALANCE DUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____