

Reservation # _____

EXPLORER VENTURES

LIVEABOARD DIVING FLEET®

PO Box 310, Mills, WY 82644 USA; (800) 322-3577; +1.307.235.0683; FAX +1.307.235.0686

The completed Application Form and the Liability Release must be returned to your booking agent via upload, email, fax or mail **no later than your final payment**. The original or a physical copy of these forms must also be presented to the Captain upon boarding the vessel. Please print legibly.

Vessel & Destination:		Citizenship (issuing country for passport):	
Trip Departure Date:		Gender:	M / F
Full Passport Name:		Date of Birth (m-d-y) & City/Country of Birth:	
Daytime Telephone:		Passport Number & exp. date (m-d-y):	
Mobile Telephone:		SCUBA Cert. Agency & Card #:	
Address:		SCUBA Certification level:	
		EANx – Nitrox certified:	Y / N
City/State/Country/ZIP:		Height / Weight:	ft/in – cm lbs/kg
Occupation:		Diving Accident Insurance Co. & Policy # (strongly recommended):	
Date/Location of Last Dive:		Trip Insurance Provider & #:	
Have you traveled with us? If so, last trip?		Nickname (if applicable):	
Email Address:			

Emergency contact information for a person not traveling with you (Required)	Name:		Relationship:	
	Address:		Day Telephone:	
	Email:		Mobile Telephone:	

Travel Details		Date	Time	Airline	Flight Number/City
	Arrival Information:				
	Departure Information:				
	** Accommodation Information:				
<small>** - For guests arriving early; please let us know where you will be staying prior to boarding, should a scheduling or departure change occur.</small>					

Please summarize your diving experience, including approx. number of dives and types of diving (night, currents, ocean etc.):

How would you rate yourself as a diver? Non-Diver Snorkeler Beginner Intermediate Experienced Expert

Equipment Rental or Specialty Courses Requested: _____ Do you want to dive with EANx – Nitrox? Yes No

Do you have any special dietary requests or requirements?

While the crew do their best to accommodate requests, with limited food preparation areas, we cannot guarantee that allergens will not be present.

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Do you have any medical history, condition, illness, or physical impairment that we should be aware of, or are you currently taking any prescription or other medication that may affect you directly or indirectly (via side effects) while SCUBA diving, participating in activities aboard or based from the vessel? No Yes

Note: If yes, please describe in the space provided or on a separate piece of paper the medication or condition and its effects, as well as what procedures should be followed by the crew should you fail to take your medication for any reason. Please also refer to Item 4 on the Assumption of Risk/Liability Release page.

This application must be fully completed by each passenger, the Assumption of Risk, Liability Release and Indemnity needs to be initialed and signed by each passenger, and both returned to Explorer Ventures (USA) Ltd. with final payment.

Cancellation and Refund Policy Summary: Cancellations must be received in writing and are subject to the cancellation terms in effect at the time reservation was made. I understand that if I cancel my trip or end it early due to injury, illness, family emergency, or other conflict, flight cancellation or delay or any reason, I will be subject to the cancellation or change fees described on <https://www.exploreventures.com/pdf/BookingTerms.pdf>. I agree to the booking terms and to pay any applicable cancellation fees. I understand that Explorer Ventures (EV) has the option of (1) substituting facilities or equipment of equal or greater value in place of the booked trip, or (2) refunding or rescheduling the boat passage portion of my trip only, in the event of a forced last-minute cancellation by EV due to mechanical failure or other circumstances within EV's control. I understand that EV may offer some consideration towards a future trip only if more than one full diving day on a given trip is lost due to circumstances within EV's control. I understand that EV is in no case responsible for airfare costs, cancellation penalties or change fees, additional travel costs incurred in the event of a forced itinerary change to comply with government regulation or weather or other concerns, minor delays or inconvenience, missed connections, lost baggage recovery, or expenses incurred due to travel delays, whether or not such travel is booked by or through EV. I understand that EV is not responsible if any factor not within EV's control forces cancellation or cessation of the trip, including but not limited to political unrest, changes in government regulation, air carrier strike, the injury or illness of a passenger, or adverse weather. I agree to obtain trip cancellation insurance coverage if I want my liveboard trip costs, airfare/hotel costs or other fees to be reimbursed in the event of any of the circumstances described above or for any other reason. I understand and agree that EV will not provide a refund of any trip costs outside of the published booking terms.

Please Initial: _____

I acknowledge that there are onboard charges paid at the conclusion of the trip, and that current amounts can be found at www.exploreventures.com/current-onboard-charges/.

Please Initial: _____

Photographic Release: I hereby give Explorer Ventures (EV) permission with respect to the photographs and/or videos that have been taken of me, or in which I may be included with others, to (1) copyright the same in EV's name or any other name that EV may choose, and (2) to use and/or publish the same in whole or in part for any purpose, including illustration, advertising and promotion, and advertising trade.

Please Initial: _____

Please be sure that you have received and read the Trip Preparation Information & Voucher specific to your trip prior to travel; Both contain valuable information and explain how to contact the vessel should your travel plans be disrupted.

This document must be initialed where indicated and signed below without modification.

This SIGNED and INITIALED document must both be: (1) sent to your booking agent via fax, upload or email in order to confirm your reservation, and (2) given as an ORIGINAL FORM to the Captain upon arrival.

For and in consideration of Explorer Ventures (USA) Ltd. (as booking agent) and Explorer Ventures Ltd., Explorer Ventures (TCI) Ltd. and/or ARM Cayman Ltd. (as transportation and/or service providers) (collectively known as EV) permitting me to board, reside on, and participate in scuba diving and other activities connected with vessels owned and/or operated by them (the "activities"), I hereby voluntarily and knowingly represent and agree for myself and my heirs, executors, administrators and assigns as follows:

DIVERS: PLEASE READ AND INITIAL ALL SECTIONS BELOW

- _____ 1. I am a certified scuba diver trained in safe diving practices and understand and agree that the purpose of our diving is strictly recreational. I am aware (1) that scuba diving is a physically strenuous activity and that I will be exerting myself during this dive excursion, (2) of the risks inherent in the activity and instruction of skin and scuba diving, and (3) that it is not the function of EV or its agents or employees to act as the guardians of my safety, and I expressly assume these risks.
- _____ 2. I understand that diving with compressed air involves certain risks, and that injuries can occur that require treatment in a recompression chamber. I further understand that an open water diving trip may be conducted at sites that are remote, by time and/or distance, from a recompression chamber and/or medical facility, and nonetheless agree to accept and assume such risks when I proceed with such dives.
- _____ 3. I understand that even if I follow all of the appropriate dive practices, there is still some risk of my sustaining heart attack, decompression sickness, embolism or other diving-related injuries, and I expressly assume the risk of such injuries or illnesses. I further understand that diving in ocean waters involves additional risks due to the environment, animal or sea life, currents and mechanical or equipment failure or misuse and that injury or death may occur from such risks, and I expressly assume such risk.
- _____ 4. I understand that EV complies with the recommendations of the Recreational Scuba Diver Training Council (RSTC) regarding physical and mental fitness for diving. I affirm that I have reviewed the RSTC Medical Statement and the guidelines, standards and recommendations contained therein (http://www.explorerventures.com/pdf/medical_statement.pdf) and that either (1) I have no medical history or condition and am taking no medication contraindicated for diving, or (2) I will be in possession of a doctor's statement less than one year old affirming my fitness to dive despite one or more contraindicated medical conditions or medications that I am taking. **I understand that, if I have a contraindicated medical history or condition or take contraindicated medication, and can not provide a current doctor's recommendation of my fitness to dive, I will be unable to participate in diving activities from EV's vessel, and that no refund or other consideration will be given.**

DIVERS AND NON-DIVERS: PLEASE READ AND INITIAL ALL SECTIONS BELOW

- _____ 5. I understand that no vessels are owned in whole or part by Explorer Ventures (USA) Ltd., which provides marketing and sales services, and that each vessel is owned and operated by non-US companies and is listed as a member of the Explorer Ventures Fleet. I understand and agree that vessel operations and protocols are the sole responsibility of the vessel owner/operator.
- _____ 6. I acknowledge that I have been fully and completely advised of the potential hazards and dangers incidental to boat-based residence and in-water activities, including but not limited to remoteness by time and/or distance from any medical facilities, and I expressly assume such risks.
- _____ 7. I shall observe strictly and comply with such additional reasonable terms and regulations as EV or its employees may from time to time deem desirable or needful to prescribe before or during any activities I undertake on board or based from EV's vessel, for insurance, safety or other reasons.
- _____ 8. By signing this document, I, on behalf of myself, my heirs, and estate, agree to exempt, waive, release, and forever discharge EV and their agents, servants and employees from any and all claims or causes of action, now known or hereafter known in any jurisdiction throughout the world, including but not limited to liability for personal injury, property damage, wrongful death and loss of services caused by the negligence of EV or its servants, employees or agents whether in transit or aboard the vessel, in the water, or during onshore excursions or tours. I shall (1) indemnify and hold them harmless from any and all claims, loss or liability of any kind whatsoever whether foreseen or unforeseen, including costs and attorneys' fees, in law or in equity, arising out of or resulting from any claim related to my participation in EV's activities and (2) agree to interpret this agreement only according to the laws of the State of Wyoming, USA and (3) agree that any such suit must be brought only in the courts of the State of Wyoming, USA.
- _____ 9. I acknowledge that participation in activities where multiple people are present carries an inherent risk of contracting a communicable disease, including but not limited to the SARS-CoV-2 and other diseases that may cause serious illness or death. I voluntarily assume all risks related to exposure to any diseases and/or illnesses, whether aboard the vessel or in transit to or from the vessel. I furthermore assume all responsibility for complying with all health, maritime, and travel regulations in place for travel to/from and residence aboard the vessel.

I HAVE READ THIS ENTIRE AGREEMENT CAREFULLY, AND FULLY UNDERSTAND ALL OF ITS TERMS AND CONDITIONS. I AM PROVIDING MY ACKNOWLEDGMENT AND AGREEMENT THAT I HAVE HAD AN OPPORTUNITY TO CAREFULLY READ THE ENTIRE AGREEMENT AND TO HAVE ANY QUESTIONS ANSWERED TO MY SATISFACTION.

If any provision of this document is found to be unenforceable or invalid, that provision shall be severed from this Assumption of Risk and the remainder of this document shall be construed as though the unenforceable provision had never been contained in this document and shall remain in full force and effect.

I ACKNOWLEDGE THAT I HAVE READ AND INITIALED THE FOREGOING PARAGRAPHS, AND THAT I FULLY UNDERSTAND THE LEGAL RIGHTS THAT I AM GIVING UP BY SIGNING THIS DOCUMENT.

Name (please print): _____

Date: _____

Signature: _____

Signature of Parent or Guardian (For a Minor): _____

EXPLORER VENTURES (USA) LTD., PO Box 310, MILLS, WY 82644 USA

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