

THE Scuba Shop

8451 Boulevard 26 North Richland Hills TX 76180
817-576-4008

web: scubashopkeller.com

e-mail: support@scubashopkeller.com

TRIP SIGN UP Bora Bora, French Polynesia St. Regis Resort June 18-25, 2021

Customer

Legal Name:
Address:
City, State, Zip:
Phone:
E-mail address:
DOB:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of last dive:

Trip Price \$ _____

Deposit Paid \$ _____

Trip price of \$5820.00 includes:

- | | |
|---|--|
| <input type="checkbox"/> Airfare from LAX to PPT
(remove flights*- less \$1020) | <input type="checkbox"/> 5 nights at St. Regis Bora Bora (incl. resort fees and tax)
(Superior Overwater Bungalow) |
| <input type="checkbox"/> Inter-island flights
(Return flights PPT to BOB) | <input type="checkbox"/> Meals, excluding lunch and beverages
(Daily breakfast, 3-course dinner, Polynesian night, one 5-course dinner with wine pairing) |
| <input type="checkbox"/> Airport Transfers
(Return transfer BOB to St. Regis Resort) | <input type="checkbox"/> 50 minute Tahitian couples massage |
| <input type="checkbox"/> 1 night at Intercontinental Tahiti
(Includes round-trip transfers from airport) | <input type="checkbox"/> 3 days diving, including night dive (7 dives total)
(non-diver- less \$535) |

Options:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Nitrox (n/c) | <input type="checkbox"/> Single Occupancy Room (add \$3499) |
|---------------------------------------|---|

*Customer is responsible for all incidental charges. Scuba gear rental is not included in pricing. Payment in full is due 90 days prior to trip. Cancellation and refund policy reviewed below.

Signature _____

Date _____

TRIP SIGN UP- IMPORTANT INFORMATION

Bora Bora, French Polynesia

St. Regis Resort

June 18-25, 2021

Travel Insurance

In order to try to keep the country COVID-free, French Polynesia now requires that all travelers have travel insurance with repatriation. Please ensure that you obtain travel insurance and have a copy ready to show to Customs upon arrival in Tahiti.

COVID Testing

At the time this trip was booked French Polynesia requires a negative COVID test within 72 hours of travel. This may change by the time we travel, so we will obtain updated information prior to the trip and confirm at the Meet & Greet party before the trip

Cancellation / Refunds

This is a little bit more complicated, as there are a couple of scenarios given the whole entrance of COVID, so we will break it down below, but if you are unsure or have questions, please ask.

The trip carries an extended cancellation policy for the resort, transfers, and flights (if the flights are purchased as part of the package), allowing cancellation up to 16 days prior to the trip with a full refund, less \$150. This cancellation can be for any reason, and is not restricted the way that standard travel insurance is.

Because we are chartering the boat the \$535 diving cost is non-refundable unless we are able to fill the space with another diver. If your cancellation is for a reason covered under your travel insurance, however, then your travel insurance should reimburse you for both the diving and \$150 cancellation charge noted above. So, this charge is only relevant if you cancel for a reason not covered by your travel insurance, and we are not able to fill you space on the boat.

If the trip is cancelled entirely, the the only fee will be the \$150 extended cancellation fee, which should be covered under your travel insurance.

Name _____

Signature _____

Date _____



TRAVEL AND TOUR CONTRACTUAL LIABILITY RELEASE & WAIVER

THIS IS A RELEASE OF YOUR RIGHTS TO SUE

1. I UNDERSTAND THAT THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE The Scuba Shop (NAME OF DIVE STORE/FACILITY HEREAFTER CALLED DIVE STORE) THEIR EMPLOYEES, AGENTS AND ASSIGNS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY ARISING AS A CONSEQUENCE OF THE FOLLOWING OR ANY OTHER ACT OR OMISSION ON THEIR PART, INCLUDING BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE.
2. By way of my signature on this contract I certify that I am a certified diver or a student diver and have been taught and understand that scuba diving is a hazardous sport. I also fully understand that scuba diving has inherent risks and dangers including, but not limited to, risks associated with equipment failure which could lead to my serious injury or death. BY MY SIGNATURE ON THIS DOCUMENT I EXPRESSLY ASSUME THESE RISKS. I acknowledge that I am physically fit to scuba dive or snorkel and engage in this trip. I further agree that I will not hold any of the above named individuals, persons, or entities responsible should I become injured as a result of a medical condition while I am participating in this trip, scuba diving or snorkeling. At no time during this trip will I have in my possession any illegal drugs, nor am I taking, nor have I recently taken any drugs or medications which could cause an adverse reaction as a result of combining such drugs and/or medication with scuba diving.
3. In consideration for allowing my participation in this trip, which is being offered by the dive store, I fully understand that prevailing weather conditions may cause certain modifications to the dive program. I also fully understand that the transportation or equipment made available by the resort or boat operators who are providing services to me is not the responsibility of the dive store. I also fully understand and agree that the dive store acts only on behalf of itself and itself alone in arranging this travel/trip tour. I understand the dive store is in no way responsible for any acts, errors, or omissions including active or passive negligence by any provider of transportation, equipment, dive services, hotel, tour operator, divemaster, scuba instructor, dive boat, dive boat captain and crew, or any other provider who is engaged to render any service whatsoever on this trip/tour.
4. My signature on this document affirm that I am fully aware of the dangers, risks and hazards of holding my breath while diving and the dangers associated with a rapid ascent. I certify that I am fully aware of the possibility that my equipment may malfunction during a dive which could include a free flowing regulator, stuck inflator button or unwanted inflation of my buoyancy compensator. I certify that I have been trained and know how to overcome these eventualities should they occur to me. I agree not to hold any of the individuals or entities named within this document responsible for any such act.
5. IT IS MY EXPRESS INTENTION BY WAY OF THIS INSTRUMENT AND MY SIGNATURE HEREON TO GIVE UP ALL OF MY RIGHTS TO SUE ANY INDIVIDUALS OR ENTITIES REFERRED TO WITHIN THIS DOCUMENT, WHETHER SPECIFICALLY NAMED OR NOT. FURTHERMORE IT IS MY EXPRESS INTENTION TO EXEMPT AND RELIEVE THE DIVE STORE, THEIR EMPLOYEES, AGENTS AND ASSIGNS AND TO EXPRESSLY AGREE TO INDEMNIFY AND HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURIES, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY ANY ACTIVE OR PASSIVE NEGLIGENCE RELATED IN ANY FASHION TO MY PARTICIPATION IN THIS TRIP. I SPECIFICALLY AND EXPRESSLY ASSUME ALL RISKS IN CONNECTION WITH THIS TRIP.
6. I HAVE READ AND UNDERSTAND THE FOREGOING IN ITS ENTIRETY AND I AGREE TO THE TERMS AND CONDITIONS HEREIN AND ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES. I REALIZE THAT THIS DOCUMENT IS A CONTRACT.

<hr/> Signature of Participant	<hr/> Permanent Address
<hr/> Print Name	<hr/> City
<hr/> Date (DD/MM/YY)	<hr/> State
<hr/> Local Address	<hr/> Zip Code
<hr/> Local Telephone	<hr/> Telephone

Participants under the age of 18 must also have parent or guardian signature.

Signature of Parent or Guardian

MEDICAL STATEMENT

PATIENT RECORD — CONFIDENTIAL INFORMATION

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in freediving and scuba diving and of the conduct required of you during the freediving and/or scuba training program. Your signature on this statement is required for you to participate in the freediving and/or scuba training program offered by:

(Instructor) and (Facility) City State

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the freediving and/or scuba training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To freedive and/or scuba dive safely, you

must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the Instructor before participation in this program.

You will also need to learn from the Instructor

the important safety rules regarding breathing and equalization while freediving and/or scuba diving. Improper use of freediving and/or scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified Instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your Instructor before signing.

MEDICAL HISTORY

TO THE PARTICIPANT:

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational freediving and/or scuba diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we request that you consult with a physician prior to participating in freediving and/or scuba diving. Your Instructor will supply you with a medical statement and guidelines for Recreational Freediving & Scuba Diving physical examination to take to your physician.

- | | |
|---|--|
| <input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant? | <input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) |
|---|--|

ARE YOU OVER 45 YEARS OF AGE AND CAN ANSWER YES TO ONE OR MORE OF THE FOLLOWING?

- | | | |
|--|---|--|
| <input type="checkbox"/> currently smoke a pipe, cigars, or cigarettes
<input type="checkbox"/> have a high cholesterol level | <input type="checkbox"/> have a family history of heart attacks or strokes
<input type="checkbox"/> are currently receiving medical care | <input type="checkbox"/> high blood pressure
<input type="checkbox"/> diabetes mellitus, even if controlled by diet alone |
|--|---|--|

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?
<input type="checkbox"/> Frequent or severe attacks of hayfever or allergy?
<input type="checkbox"/> Frequent colds, sinusitis or bronchitis?
<input type="checkbox"/> Any form of lung disease?
<input type="checkbox"/> Pneumothorax (collapsed lung)?
<input type="checkbox"/> Other chest disease or chest surgery?
<input type="checkbox"/> Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
<input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?
<input type="checkbox"/> Recurring migraine headaches or take medications to prevent them?
<input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
<input type="checkbox"/> Dysentery or dehydration requiring medical intervention?
<input type="checkbox"/> Any dive accidents or decompression sickness?
<input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
<input type="checkbox"/> Head injury with loss of consciousness in the past five years?
<input type="checkbox"/> Recurrent back problems?
<input type="checkbox"/> Back or spinal surgery?
<input type="checkbox"/> Diabetes?
<input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? | <input type="checkbox"/> High blood pressure or take medication to control blood pressure?
<input type="checkbox"/> Heart disease?
<input type="checkbox"/> Heart attack?
<input type="checkbox"/> Angina, heart surgery or blood vessel surgery?
<input type="checkbox"/> Sinus surgery?
<input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance?
<input type="checkbox"/> Recurrent ear problems?
<input type="checkbox"/> Bleeding or other blood disorders?
<input type="checkbox"/> Hernia?
<input type="checkbox"/> Ulcers or ulcer surgery?
<input type="checkbox"/> A colostomy or ileostomy?
<input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years? |
|--|--|--|

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date (DD/MM/YY) Signature of Parent or Guardian Date (DD/MM/YY)

STUDENT

(Please print legibly)

Print Name _____ Date of Birth _____ Age _____

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

TELEX _____ FAX _____

Name and address of your family or primary care physician:

Physician _____ Date of last physical examination _____

Clinic/Hospital _____ Name of examiner _____

Address _____ Clinic/Hospital _____

Phone _____ Address _____

Phone _____

Were you ever required to have a physical for diving?

- Yes** _____
- No** _____
If so, when?

PHYSICIAN

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

PHYSICIAN'S IMPRESSION:

- I find no medical conditions that I consider incompatible with diving.**
- I am unable to recommend this individual for diving.**

Remarks _____

I HAVE REVIEWED GUIDELINES FOR RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION.

Physician's Signature _____ M.D. _____ Date _____

Physician _____ Address _____

Clinic/Hospital _____ Phone _____

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TRIP CHECK LIST

- Completed and signed Trip Sign-Up Form
- Completed and signed Trip Waiver Form
- Completed and signed Medical Statement
All answers must be completed with a Yes or No answer.
Y or N are not acceptable by RSTC.
Medical Statement only required if you have not supplied
The Scuba Shop with a Medical Statement within one
year prior to the trip date.
- Completed Physician's Release (if applicable)
If you answer Yes to any question on the Medical Statement,
we will require a completed Physician's Release if you have
not supplied one within one year prior to the trip date.
- Copy of diver certification card
- Copy of Nitrox certification card, if applicable

Remember to take a copy of your Physician's Release, if required, and certification cards (including Nitrox certification if you are diving Nitrox) on the trip.

Please complete and return all of the above materials along with your trip deposit.

Upon final booking of the group flight we will forward the Record Locator so that you can supply the airline directly with the required travelier informaiton, such as your passport number, etc.

Please ensure that the name supplied on the Trip Sign-Up Form matches the name on your passport / identification. A fee may be charged in the case that we need to correct information once the flights have been booked.

Cancellation 91+ days prior to the departure date will receive a full refund of deposit paid.

No refund for cancellation less than 91 days from departure date.

Trip insurance can be obtained individually at better rates than through group. We advise purchasing trip insurance.

Please note any travel requirements to the country that we are traveling to, such as passport expiration date (many countries require at least six months to passport expiration) or travel visas required. If in doubt, please ask.

If your last dive is more than six months prior to the trip you will need to log a dive or do a Scuba Update / Refresher prior to the trip.