

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 Curacao Sunscape Resort All Inclusive April 20-24, 2022

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:
American Advantage #:

Trip Price \$ _____

Deposit Paid \$ _____

Trip price of \$1950 includes:

Airfare from DFW to CUR
(remove flights*- less \$930)

4 nights hotel charges, including resort fees and tax

Airport Transfers

3 days diving (6 boat dives, unlimited shore diving)
(non-diver- less \$300)

Options:

Nitrox (\$10 per tank or \$30 per day)

Single Occupancy Room
(add \$320)

x # of tanks _____

or # of days _____

*Please note that you may also need to arrange transfers if your flights differ from the group flight.

Customer is responsible for all incidental charges. Scuba gear rental is not included in pricing. Payment in full is due 60 days prior to trip. Full refund of deposit available 91 or more days prior to trip, less \$200 non-refundable deposit. No refunds 90 days or less prior to trip.

Signature _____

Date _____

TRIP SIGN UP- ROOM OPTIONS

Curacao Sunscape Resort All Inclusive April 20-24, 2022

Note: Room upgrades must be selected by June 1, 2021 to receive the rates below.
Room upgrades after June 1, 2021 are subject to rates in effect at the time

Staying November 6-10, 2019			
<input type="checkbox"/>	Deluxe Room, Gardenview	King or 2 Double Beds	Incl.
<input type="checkbox"/>	Deluxe Room, Oceanview	King or 2 Double Beds	<i>add</i> \$ 30.00
<input type="checkbox"/>	Sun Club Room, Oceanview	King or 2 Double Beds	<i>add</i> \$ 160.00
<input type="checkbox"/>	Prem. Deluxe Room, Oceanfront	King or 2 Double Beds	<i>add</i> \$ 190.00



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



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1	I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to Box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to Box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to Box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes <input type="checkbox"/> Go to Box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes * <input type="checkbox"/>	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthday (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
A diagnosis of COVID-19.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
I have a high cholesterol level.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
I have high blood pressure.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes * <input type="checkbox"/>	No <input type="checkbox"/>

* Physician's medical evaluation required (see page 1).

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

Diver Medical | Physician's Evaluation Form

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

- Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Physician's Signature

Date (dd/mm/yyyy)

Physician's Name

Specialty

(Print)

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

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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.

We advise packing all essential dive gear (regulator, computer, prescription mask, etc.) in your carry-on in case your luggage is lost or delayed.

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 traveler information, 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.