DOCUMENT CHECK-LIST

All Documents in this Packet *MUST BE COMPLETED* and Returned to the Group Leader along with your Trip Deposit in order to Reserve your Space.

<mark>Please ask for a Copy of these Documents when you Reserve Your Space</mark>
_____

DOCUMENT CHECK-LIST: Traveler's Name: _____

☐   **Client Contact & Passport Info** (*Pg. #2)* – Please fill out in *FULL.* Include all Contact information including an e-mail address to send Trip updates. Your Name in the Passport Section must be filled out EXACTLY as it shows on your Passport. Be aware of your passport's expiration date – Will you still be current for 6 Months when we leave?

☐   **Payment Schedule** *(Pg. #3)* – Please complete your form as follows:

DIVE TRIP: **FIJI 2015** DATE: **04/03/15** THROUGH   **04/12/15**

LEADERS: **Jeff Smith/Fred Colburn**   TRAVEL AGENT: **Sand Dollar Tours**

DEPOSIT AMOUNT: **$1,295.00** per Person

Also include your Trip Deposit made out to "Travel Agent" **OR** Complete the Credit Card Authorization Section. Note: the Full Deposit PLUS any other payments shown Due at Time of signing are Due with this Packet.

☐   **Optional Travel Insurance** *(Pg. #4)* – Please read and Select opting in or out for Travel insurance Coverage (Check Only One Option), then sign the Document.

☐   **PADI Travel and Excursion Liability Release** *(Pg. #5)* – Please read and Sign.

☐   **Travel Agent's Release Form** *(Pg. #6+)* – Please Read and Sign the Agents Release Form

<mark>(RETURN THIS PACKET TO YOUR GROUP LEADER WITH YOUR DEPOSIT)</mark>

CLIENT CONTACT & PASSPORT INFO

CONTACT INFORMATION:

NAME (Please Print): _____

STREET ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: (_____)_____

EMERGENCY CONTACT INFORMATION:

NAME (Please Print): _____

STREET ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE NUMBER: (_____)_____

PASSPORT INFORMATION:

NAME (As on Passport):_____

NATIONALITY: _____

PASSPORT #: _____

EXPIRATION DATE: _____

PAYMENT SCHEDULE

DIVE TRIP: **FIJI 2015** DATE: **04/03/15** THROUGH **04/12/15**

LEADERS: **Jeff Smith/Fred Colburn** TRAVEL AGENT: **Sand Dollar Tours**

Please note: All Dive Trips promoted by Group Leaders or promoted within Pacific Wilderness, Inc. are scheduled, booked, financed and led by the aforementioned Group Leader. Pacific Wilderness, Inc. is in no way connected to any financial dealings concerning this Dive Trip. All Payments and deposits should be made directly to the Group Leader – *Payable to Travel Agent Listed Above*.

DEPOSIT AND PAYMENT SCHEDULE:

All trips require a <u>non-refundable</u> trip deposit for each person booking. Payment Schedule and Deposit amount for this Dive Trip is listed below:

	Diver	**Non-Diver**	
• **Deposit (Non-refundable)**	**$1,295.00**	**$1,295.00**	**Paid: ___/___/___**
• **Payment #2**	**$ 700.00**	**$ 600.00**	**Due: 07/10/14**
• **Payment #3**	**$ 700.00**	**$ 600.00**	**Due: 10/10/14**
• **Final Payment (60 days out)**	**$ 600.00**	**$ 500.00**	**Due: 01/10/15**
Trip Total:	**$3,295.00**	**$2,995.00**	

CREDIT CARD AUTHORIZATION:

CREDIT CARD TYPE: ☐ Visa   ☐ Master Card   ☐ Amex   ☐ Discover Card

Credit Card #_____

Card Expiration Date _____/_____   for visa, mc & discover include 3 digit number on BACK of Card_____

Credit Card Holder's Name _____

Billing Address (no PO Boxes)_____

City_____ State_____ Zip _____ Phone _____

Signature of cardholder _____ Date_____/_____/_____

By signing, I hereby agree to the terms & conditions and authorize payments described above.
Credit card statement will show transaction as: Agent Listed Above or the airline & Ticket #

OPTIONAL TRAVEL INSURANCE

PLEASE READ THIS CAREFULLY

You are a valued client and we want to do everything possible to make your trip enjoyable and worry free. Because the unforeseen and unexpected can occur - we recommend Travel Guard Insurance, It offers excellent value. If you would like Travel Insurance please speak to your Group Leader and he will provide you with the necessary paperwork or you may go online to **www.TravelGuard.com** and book it on your own.

If you would like to compare Insurer's policies side by side, a great site is http://insuremytrip.com .

_____

Please Check One:

[ ] I wish to purchase Travel Insurance through this Trip's Travel Agent and will do so directly. I understand I must do so within 14 days of my Initial Trip Deposit.

[ ] I have enrolled in Travel Insurance on my own. I understand I am responsible for confirming the Travel Insurance I have purchased is Valid and through a reputable company.

[ ] Do **NOT** enroll me for Travel Insurance. I understand that I am liable for any cancellation alties and out-of-pocket expenses incurred. I will also make my own provisions in the event of an emergency while traveling.

(Please ask for a Copy of our Cancellation Policy if you opt to NOT Enroll in Travel Insurance)

NAME (Please Print) _____

SIGNATURE _____

DATE _____

TRAVEL AND EXCURSIONS

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort _____ and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ participant name _____, hereby affirm I am voluntarily engaging in the recreational activities planned for my trip to _____, which activities may include, but are not limited to, scuba diving, snorkeling, boating and _____. If I engage in scuba diving, I affirm that I am a certified diver or a student diver under the control and supervision of a certified scuba instructor, and that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. I certify that I am fully aware of and expressly assume all risks involved in scuba diving, snorkeling, boating and other activities in which I choose to participate.

I understand and agree that neither _____ trip organizer _____, nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties,") may be held liable or responsible in any way for any occurrence on this trip which may result in personal injury, property damage or wrongful death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this trip or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further state that I am of lawful age and legally competent to sign this Liability Release Agreement, or that I have obtained the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this agreement is found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____ participant name _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

_____ _____

Participant Signature   Date (Day/Month/Year)

_____ _____

Signature of Parent of Guardian (where applicable)   Date (Day/Month/Year)