

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.

Please ask for a Copy of these Documents when you Reserve Your Space

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: **Saba, Statia, St. Kitts / Caribbean Explorer II Live-Aboard**

DATE: **02/12/11** THROUGH **02/19/11**

LEADERS: **Roger Jaquette** TRAVEL AGENT: **World of Diving**

DEPOSIT AMOUNT: **\$500.00**

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

(RETURN THIS PACKET TO YOUR GROUP LEADER WITH YOUR DEPOSIT)

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

(Group Leader – Please Provide Copy for Client)

DIVE TRIP: Saba / Caribbean Explorer II **DATE:** 02/12/11 through 02/19/11

GROUP LEADER: Roger Jaquette **TRAVEL AGENT:** World of Diving

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 20% (rounded up to the nearest \$100) **non-refundable** trip deposit for each person booking. Payment Schedule and Deposit amount for this Dive Trip is listed below:

- | | | |
|-------------------------------|------------------------|-----------------------------|
| • Deposit (Non-refundable) | \$500.00 | Paid: ___/___/___ |
| • Payment #2 | \$400.00 | Due: <u>03/15/10</u> |
| • Payment #3 | \$400.00 | Due: <u>05/15/10</u> |
| • Payment #4 | \$400.00 | Due: <u>07/15/10</u> |
| • Payment #5 | \$400.00 | Due: <u>09/15/10</u> |
| • Final Payment (90 days out) | <u>\$399.00</u> | Due: <u>11/15/10</u> |

Trip Total: \$2,499.00

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 penalties 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 _____



Saba Live-Aboard 2011

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm I am voluntarily engaging in the recreational activities planned for my
Participant Name

trip to Saba, Statia, St. Kitts booked through "World of Diving", 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 all other top-side activities.

I understand and agree that neither Pacific Wilderness, Inc., Roger Jaquette, "World of Diving" nor International PADI, Inc.
Shop Organizer Travel Agency

nor its affiliate or subsidiary corporations, nor the owners, officers, employees, agents, contractors or assigns of the above listed entities (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, 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, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE
Participant Name

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 LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)