

# Coral Sea Scuba Trip Application and Liability Waiver

Please complete this form in its entirety and sign where applicable. One application per individual. Minors require parent or guardian signature.



123 SW M Street  
Grants Pass, OR 97526  
(541) 472-8111  
www.coralseascuba.com

## PERSONAL INFORMATION

Legal Name (passport): \_\_\_\_\_

Address: \_\_\_\_\_

City /State / Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Passport#: \_\_\_\_\_ Expiration: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL INFORMATION

Health Insurance Agency: \_\_\_\_\_ Policy#: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list any medical conditions that may interfere with, or limit your ability to dive that your Dive Guide should be aware of (example: seizure, diabetes, asthma, allergies, heart problems, etc.): \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

## DIVING INFORMATION

Have you completed a certifying course? Yes  No  Agency & Certification#: \_\_\_\_\_

Level Attained: OWD  AOWD  Rescue diver  Divemaster  Dive Con Spec  Assist Inst.  OWSI  Inst Trainer

Please list any specialty courses you have completed: \_\_\_\_\_

Total Number of Dives Completed? \_\_\_\_\_ Date of last dive: \_\_\_\_\_ Comfort level: Beginner  Intermediate  Advanced

Do you have a Dive Buddy for this trip? Name of buddy: \_\_\_\_\_

Dive Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

Travel Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

## TRIP INFORMATION

Destination: \_\_\_\_\_ Date of Trip: \_\_\_\_\_ Total Trip Amount Due: \$ \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_ Date of Deposit amount due by: \_\_\_\_\_ Final Amount due by: \_\_\_\_\_

Due to unrecoverable charges preparing for group trips, there can be no refunds for cancellations that occur less than 60 days prior to traveling. Cancellations occurring 61 days or greater before travel will result in the forfeiture of all deposits, as well any other penalties as outlined by the destination resort, booking company, or agent. Generally airline tickets and deposits are non-refundable. These conditions are subject to change without notice. Please check on specifics for your individual trip.

# Coral Sea Scuba Travel and Excursions 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  
*(Participant Name)*  
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 \_\_\_\_\_.

I understand and agree that neither \_\_\_\_\_, nor PADI Americas, Inc.,  
*(Trip Organizer)*  
SSI Inc., nor their 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**  
*(Participant Name)*  
**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 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)*

\_\_\_\_\_  
*Guardian Signature*

\_\_\_\_\_  
*Date (Day/Month/Year)*