

# WEAVER'S DIVE AND TRAVEL CENTER TRIP APPLICATION FORM

Destination \_\_\_\_\_ Date of trip \_\_\_\_\_ Cost \_\_\_\_\_ Referred by \_\_\_\_\_

Each applicant must completely read, fill out, sign and return this application along with the appropriate non-refundable deposit to reserve space on the foregoing arrangement. Since WEAVER'S DIVE AND TRAVEL CENTER and its cooperative destination incur unrecoverable charges preparing for these groups, monies cannot be returned if cancellations occur less than 60 days before departure. **Please provide your legal name for ticketing as it appears on your passport.**

Full Legal Passport Name \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

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

Dive or Travel Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Nearest Relative not on trip \_\_\_\_\_  
Phone \_\_\_\_\_

Will you be a:      Non Diver      Student      Novice      Experienced Diver      Expert Diver

SKIN AND SCUBA divers please complete: Do you have any medical history, medical condition or medical impairment which would make diving or other underwater activities dangerous or hazardous or expose you to exceptional risk, or requires special attention or medication (i.e. rare blood type, asthma, heart problems, diabetes, etc)      YES      NO

If YES please explain: \_\_\_\_\_

Have you had SCUBA INSTRUCTION?      Yes      No

LEVEL ATTAINED:      Classroom and Pool      Openwater Instruction

Advanced      Rescue      Divemaster      Ass't Instructor      Instructor      Master

Agency and Certification # \_\_\_\_\_

Where have you previously dived? \_\_\_\_\_

How many dives have you done? \_\_\_\_\_ Date of Last Dive \_\_\_\_\_

RENTAL GEAR NEEDED:      BC      REGULATOR      WETSUIT      OTHER \_\_\_\_\_

WEAVER'S DIVE AND TRAVEL CENTER, 637-V, SOUTH BROADWAY, BOULDER, CO. 80305  
Phone: (303) 499-8500 FAX (303) 499-8614 Toll Free (800) 767-DIVE (3483)  
Email - [Info@weaversdive.com](mailto:Info@weaversdive.com) Web Site - [weaversdive.com](http://weaversdive.com)

**THE WEAVER WAIVER**  
**PLEASE READ BEFORE SIGNING!!**

Remoteness of areas, local custom, or prevailing weather conditions may cause substitution of facilities and/or equipment, minor inconveniences or modification to the diving portions of the program itinerary. WEAVER'S DIVE CENTER, INC. reserves the right to modify and/or cancel diving arrangements due to unfavorable weather conditions and to substitute comparable equipment. No refunds can be made for canceled diving arrangements due to adverse weather, or for substitution of facilities and/or equipment or for services or goods provided in the itinerary should such services or goods not be utilized by tour members. All participants agree to comply with any reasonable term or regulation that WEAVER'S DIVE CENTER, INC. may prescribe during the course of the program. WEAVER'S DIVE CENTER, INC. reserved the right to deny an applicant for any reason.

**RELEASE OF LIABILITY**

Applicant certifies the statements made on the foregoing application regarding experience are correct and Applicant understands that acceptance on this trip is predicated on Applicant's presentation that he/she is physically fit to engage in ocean SCUBA diving and has had sufficient training to engage in ocean SCUBA diving and understands the risks involved and willingly assumes all risks whether foreseen or unforeseen.

It is understood that WEAVER'S DIVE CENTER, INC. is a Colorado Corporation and is independent of and has no business association, as partner, joint venturer, owner or otherwise, with any resort, hotel carrier, boat operator, or other person or firm furnishing any service or facility in connection with the subject travel program.

It is expressly understood and agreed that WEAVER'S DIVE CENTER, INC. assumes no responsibility or liability for service, transportation, or equipment made available by any resort, hotel or other person, either as to its availability or as to its safety, quality or condition, nor for the acts of any employee or agent of such establishment. It is also understood and agreed that WEAVER'S DIVE CENTER, INC. does not by acceptance of this Applicant, assume any responsibility or liability for the safety of any participating individual, particularly while such individual is engaged in underwater activities whether alone or in groups, under the supervision of a tour escort, or otherwise. The tour escort is not acting in the capacity of instructor unless specifically indicated.

Each of the undersigned further agree that in consideration of the price at which the said program is offered and conducted and other good and valuable consideration and in order to induce WEAVER'S DIVE CENTER, INC. to accept the Applicant under the age of majority, release WEAVER'S DIVE CENTER, INC. and its owners, operators, instructors, employees or other agents, from damages resulting from death or personal injuries, including loss of services which the undersigned may sustain on account of, or in connection with said program including ownership, maintenance, use or operation of any automobile ship, airplane, boat, hotel or common carrier.

It is also understood that WEAVER'S DIVE CENTER, INC. has not purchased insurance that would cover individuals in case of accident, injury, death or property damage.

The undersigned also agree and realize that an emergency medical situation may arise and hereby provide written authorization to WEAVER'S DIVE CENTER, INC. and its employees or representatives, to provide emergency medical care, or necessary evacuation, and agree to hold such parties harmless and indemnify them for any such action taken on behalf of the undersigned and the costs incurred thereof. The undersigned agrees that this Release of Liability also binds the spouse, family, heirs and legal representatives of the undersigned.

By signing below, the undersigned signify that they **have carefully read** the foregoing RELEASE OF LIABILITY and all information and conditions contained on the reverse side hereof and agree to all those terms and conditions.

Date	Signature of Applicant	Name (Print)
_____	_____	_____

Date	Parent Signature of Minor (if applicable)	Name (Print)
_____	_____	_____