



RESERVATIONS ARE NOT CONFIRMED UNTIL THIS CHARTER APPLICATION AND THE RELEASE & WAIVER FORM HAVE BOTH BEEN RECEIVED BY PETER HUGHES DIVING.

PLEASE TAKE A COPY OF THIS DOCUMENT TO THE BOAT

(All information MUST be filled out completely. Sign and date in all three signature spaces.) Print or Type Clearly

Mr. ( ) Mrs. ( ) Ms. ( ) Miss. ( )

Full Name: \_\_\_\_\_ Cruise Date \_\_\_\_\_ Vessel \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Occupation/Organization \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Alternate) \_\_\_\_\_ E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ Passport # \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ (Relationship) \_\_\_\_\_

(Address) \_\_\_\_\_ (Telephone/s) \_\_\_\_\_

Cert. Level \_\_\_\_\_ Cert. Year \_\_\_\_\_ Certifying Agency \_\_\_\_\_ Cert. Number \_\_\_\_\_

Approximately how many dives have you logged previously (as of the date of signing this form)? \_\_\_\_\_

Approximately how recent was your last open water dive? (Give Date and Place) \_\_\_\_\_

Do you have a dive accident insurance policy? YES [ ] NO [ ] If yes, from what company? \_\_\_\_\_ Policy Number \_\_\_\_\_

FLIGHT INFORMATION

Flight Arrival (Boat Destination)

Departure:

Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight# \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight# \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

Will you be celebrating a special occasion while on board? (If so, state what) \_\_\_\_\_

Special Requests: \_\_\_\_\_

TRIP CANCELLATION AND INTERRUPTION INSURANCE

We strongly recommend that you purchase comprehensive accident, medical, baggage and trip cancellation/interruption insurance when space is reserved. Trip insurance will protect you from financial disappointment in the event unforeseen circumstances prevent the vessel from making its scheduled trip. In the event it is necessary to cancel or interrupt a charter due to weather or any matter beyond the control of Peter Hughes Diving, Inc., there will be no refund or credit issued. We also recommend diving accident insurance. Please inquire with our reservation office for assistance.

I hereby certify that I have read and understand the foregoing statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

MEDICAL HISTORY

The following information is intended for use in the case of an emergency in the event you should be unable to supply it. PLEASE REMEMBER THAT YOU ALONE ARE RESPONSIBLE FOR DETERMINING YOUR MEDICAL AND PHYSICAL FITNESS TO DIVE OR TO TAKE PART IN ANY OTHER ACTIVITIES DURING THIS TRIP. WE TAKE NO RESPONSIBILITY WITH RESPECT TO YOUR DETERMINATION. If you have any questions concerning your medical or physical fitness to dive or take part in any such activities, please consult your personal physician.

Please check any of the following items which apply to your past medical history or represent medical conditions:

- I am currently taking medications. \* Please list medication(s) \_\_\_\_\_
I have a collapsed lung (pneumothorax).
I have a history of respiratory problems or disease.
I am under the care of a physician or have a chronic illness.
I am diabetic.
I have a history of sinus problems.
I have a history of seizures, dizziness, fainting or blackouts.
I have hay fever or other allergies (Include allergies to medication) \_\_\_\_\_
I have had asthma, emphysema or tuberculosis.
I am currently suffering from cold or congestion.
I have a nervous-system disorder.
I am not pregnant.
I have had a head or back injury.
I am not now suffering nor have I ever suffered from any mental and/or physical disease, illness or disability which would render me unfit for scuba diving, scuba instruction, snorkeling, water-skiing or any other water sports.
I have had decompression sickness (Bends) or another diving accident.
I have a history of high blood pressure.

I hereby certify that the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

GENERAL RELEASE AND AUTHORIZATION

I hereby give Peter Hughes Diving, Inc. the absolute and irrevocable right and permission with respect to the photographs and/or videos that have been taken of me or in which I may be included with others:

- To copyright the same in Peter Hughes Diving, Inc.'s name or any other name that Peter Hughes Diving, Inc. may choose.
To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs or videos for any purpose whatsoever, including (but not in way of limitation) illustration, promotion and advertising trade.
To use or disclose my name in connection therewith if Peter Hughes Diving, Inc. so chooses.

I hereby release and discharge Peter Hughes Diving, Inc. from any and all claims, including any and all claims for defamation and invasion of privacy. This authorization and release shall also ensure to the benefit of the legal representatives, licensees and assigns of Peter Hughes Diving, Inc. as well as the person(s) for whom the photographs or videos were taken.

I hereby certify that I have read and understand the foregoing statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN the WHITE copy to 5723 NW 158 St., Miami Lakes, FL 33014 along with your deposit payment.

\*Neither the Dancer Fleet nor any of its vessels are owned or operated by Peter Hughes Diving, Inc.