

DREAM WEAVER TRAVEL 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 DREAM WEAVER TRAVEL 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 email your completed waiver to travel@divedwt.com. We recommend you keep a copy of this waiver on your computer for future travel.**

Full Legal Passport Name _____

Passport Number: _____ Expiration _____

Address: _____

City/State/Zip _____

Phone (H) _____ (W) _____

Email Address _____ Shirt size: _____ Men's / Women's

Occupation: _____ Birth date _____
circle one

Name of family physician _____ Phone _____

Health Insurance Agency _____ Policy # _____

DIVE Insurance Agency _____ Policy # _____

Travel Insurance _____ Policy # _____ Initial if declining _____

Known Traveler Number/Global Entry Number _____

Nearest Relative not on trip _____ Phone _____

Do you have any allergies? If Yes: _____

Are you: (A) Non Diver (B) Student (C) Novice (D) Experienced diver (E) 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 _____ Open Water Instruction _____ Nitrox

_____ Advanced _____ Rescue _____ Divemaster _____ Ass't Instructor _____ Instructor _____ Master

Agency and Certification # _____

Where have you previously dove? _____

How many dives have you done? _____ Date and location of Last Dive _____

DREAM WEAVER TRAVEL, 637-V, SOUTH BROADWAY, BOULDER, CO. 80305

Phone: (303) 499-0942 FAX (303) 499-8614 Toll Free (800) 767-DIVE (3483)

Email – Travel@divedwt.com Web Site – www.divedwt.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)
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Date	Parent Signature of Minor (if applicable)	Name (Print)
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