

PLEASE PRINT CLEARLY AND LEGIBLY

** All fields are compulsory **

Stay Duration

Arrival Date: DD - MM - YYYY Departure Date: DD - MM - YYYY Location: Manado / Sekotong

Personal Information

Surname: _____ Given Names: _____
 Residential Address: _____ City, State, Country and Zip
 Email: _____ Tel/Mobile Number: (____) _____
 Passport Number: _____ Passport Expiry Date: DD - MM - YYYY
 Nationality: _____ Date of Birth: DD - MM - YYYY

Scuba Diving Certification

Certifying Agency and Level : _____ Certification Number: _____
 Date of last dive: DD - MM - YYYY Number of Dives Completed: _____
 DIN Regulator User YES / NO / I Don't Know I will dive with EANx[™] No / Some Dives / All Dives / Don't Know What it Is
** EANx is additional cost and can be paid directly on the vessel or resort during check-out

Medical Information

Place a checkmark in the appropriate box

Do you have any medical conditions we should be aware of? Yes No
 If YES, please explain: _____
 Do you have any food, drug or animal-related allergies? Yes No
 If YES, please explain: _____
 Do you have any special dietary requirement? Yes No
 If YES, please explain: _____ We will do our best but cannot guaranty

Emergency & Dive/Travel Insurance Information

Name of Emergency Contact Person: Title / Surname / Given Names
 Emergency Contact's Relationship: _____
 Emergency Contact's Telephone Number(s): Day: (____) _____
 Evening: (____) _____
 Name of Insurance Company: _____
 Insurance Certificate Number: _____
 Insurance Company Emergency Telephone Number: (____) _____

Equipment Hire (if require)

BCD (Size: _____) Regulator Wetsuit (Size: _____) Fins (Size: _____) Mask Dive Computer
Note: Dive Computers are Mandatory when diving with Odyssea Divers – Euro Divers International. Equipment Hire is additional cost and can be paid directly at resort during check-out

Declaration

I hereby acknowledge that I have been advised and thoroughly informed of the inherent risks of boating, skin and scuba diving. In particular, I acknowledge that I:

- Have read and accepted Odyssea Divers – Euro Divers International's GENERAL LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT.
- Authorize the management or staff to administer first aid or obtain proper medical attention if necessary in the case of a medical emergency.
- Am fully aware of the benefits of having a trip cancellation, travel, medical and diving insurance (with Emergency Evacuation coverage) and should I not have one, I assume full responsibility and prepare to pay for all expenses related to evacuation, recompression chamber treatment and other incidentals incurred in getting medical attention should it be deemed necessary by myself or the vessel.
- Understand that concealment of any health condition (past or present) incompatible with safe diving might put my life at risk.
- Am fully aware that the Manager on Duty has the right to ask anyone guilty of behaviour deemed to endanger the staff, crew and fellow guests to vacate the premises (ie. aggressive and threatening behaviour).
- Am fully aware that I can be disallowed from participation in skin or scuba activities if I am in a physical and mental condition deemed to be hazardous to myself and others.
- Am fully aware that due to unforeseen circumstances, Odyssea Divers – Euro Divers International and Cocotinos have the right to cancel or amend my itinerary planned.

I, _____ hereby declare that the above information that I have provided are true and I accept all inconveniences that may arise from any form of misinformation given that may lead to a delay in me receiving medical emergency assistance or information pertaining to my participation.

DD - MM - YYYY
Date

Signature

A

Please Complete And Return To Us By Fax +65 67220685 Or Email To Info.Desk@Cocotinos.Com