

Vagabond Ventures, LLC
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Vagabond Ventures, LLC

TRIP APPLICATION FORM

BE SURE TO COMPLETELY READ AND SIGN THE BACK OF THIS FORM!

Trip Destination _____ **Date of trip** _____

Deposit Amount \$ _____ **Final Trip Amount Due:** _____

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.

Vagabond Ventures, LLC and its cooperative destination incur unrecoverable charges preparing for these group trips, therefore there can be no refunds if cancellations occur 60 days or less prior to travel. Cancellations occurring 60 days or less prior to departure will result in a penalty of 100% of costs. Cancellations that occur up to 61 days prior to travel will result in forfeiture of deposit moneys, and any other penalties as listed by destination resort, booking company or agent. Airline tickets and deposits are generally non-refundable. This Trip Application must be completed and submitted to Vagabond Ventures, LLC in order to be confirmed on this trip!

Please provide your legal name as it appears on your passport:

Full Legal Passport Name: _____

Passport Number: _____ Expiration _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (Cell) _____

Email Address: _____

Occupation: _____ Birth Date _____

Name of family physician: _____ Phone _____

Health Insurance Agency: _____ Policy _____

Travel Insurance: _____ Policy # _____ Decline _____

Dive Insurance: _____ Policy # _____ Decline _____

If you decide not to purchase travel and dive insurance please initial above that you are declining this option.

Nearest Relative not on trip: _____ Phone _____

I am 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/Pool Open water Instruction Nitrox Advanced Rescue

Divemaster Assistant Instructor Instructor Master

Agency and Certification # _____

Number of open water dives completed? _____ Date of Last Dive _____

VAGABOND VENTURES, LLC 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. **VAGABOND VENTURES, LLC** 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 **VAGABOND VENTURES, LLC** may prescribe during the course of the program. **VAGABOND VENTURES, LLC** reserves 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 **VAGABOND VENTURES LLC** is an Oregon Limited Liability 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 **VAGABOND VENTURES, LLC**, 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 **VAGABOND VENTURES, LLC**, 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 **VAGABOND VENTURES, LLC** to accept the Applicant under the age of majority, to release **VAGABOND VENTURES, LLC**, 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 **VAGABOND VENTURES, LLC**, has not purchased insurance that would cover individuals in case of accident, injury, death, property damage or loss of services. Travel and dive accident insurance is available for purchase, and Vagabond Ventures, LLC can assist in obtaining trip and travel insurance.

The undersigned also agree and realize that an emergency medical situation may arise and hereby provide written authorization to **VAGABOND VENTURES LLC** 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)