

WANNADIVE BONAIRE

FULL NAME: _____

HOME ADDRESS: _____

PHONE: _____

ZIP/POSTAL CODE: _____

CITY: _____ STATE: _____

COUNTRY: _____

EMAIL: _____

DATE OF BIRTH: _____

HOTEL/ACCO NAME: _____ NR: _____

EMERGENCY CONTACT + PHONE: _____

GROUP NAME: _____

ARRIVAL DATE: _____

DEPARTURE DATE: _____

CERTIFICATION AGENCY: _____

HIGHEST CERTIFICATION LEVEL: _____

CERTIFICATION NR: _____

CERTIFICATION DATE: _____

DATE OF LAST DIVE: _____ TOTAL DIVES: _____

DIVING WITH: **AIR / NITROX / CUSTOM GAS** (PLEASE CIRCLE) _____

VOUCHER: Y / N _____

PLEASE READ CAREFULLY, INITIAL AND SIGN BELOW:

_____ I declare that I am in good health to partake in water sports activities, such as snorkeling, boating, swimming and the like.

_____ I declare that I am in good health to partake in scuba diving, including enriched air diving and other recreational technical diving activities.

_____ I hereby accept the equipment as is. I acknowledge having examined the equipment and that I have satisfied myself that said equipment is in good working order. Patricks' divers NV/Wannadive Bonaire DBA accepts no responsibility for any defect and does not warrant that it is suitable for a particular purpose. I agree that the use of equipment is at my own risk. I shall return the same in good order and working condition and shall be financially liable for any devastation there from.

_____ I fully understand that my diving, snorkeling or other water sport activity is at my own risk and hereby release Patricks' Divers NV/ Wannadive Bonaire DBA, its directors and employees, and save them harmless from all claims, lawsuits, loss, damage, injuries, and liability, arising from any injury, illness or death sustained by me while snorkeling or partaking in any other water sport activity, caused or occasioned by any perils or dangers of the sea, or by reason of act, omission, negligence or default of any other person or persons, fit or unfit for diving, snorkeling, or any water sport.

_____ I release Patrick Divers NV/ Wannadive Bonaire DBA, its directors and employees, from any liability and save them harmless from all claims, lawsuits, loss, damage, injuries, illness and death, arising from any injury, illness or death, while under the supervision, guiding, accompanied or otherwise, usage of any facility or equipment, or before, during, and after organized trips such as boat trips, of Patrick Divers/ Wannadive Bonaire DBA, its directors, and employees.

_____ I have read, fully understand, and agreed upon all conditions of this release and waiver, and hereby wave for heirs, my estate, executors, administrators, and myself any claims and demands of whatsoever nature against Patrick Divers NV/ Wannadive Bonaire NV, its directors, employees, and their families, arising hereunder. This agreement shall be determined according to the law of Bonaire NA to the exclusion of any other courts. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent(s) or legal guardian.

DIVING ACCIDENT INSURANCE DISCLAIMER-WAIVER

- I purchased or will purchase a Dive Assure diving accident plan, or another similar plan, and will provide you with a proof of coverage before commencing my diving.
- Please add the diving accident program as indicated below to my invoice.

Please mark your choice	Term	USD
<input type="checkbox"/>	Gold – 1 Day	20.33
<input type="checkbox"/>	Gold – 1 week	52.43
<input type="checkbox"/>	Gold – 10 days	58.85
<input type="checkbox"/>	Gold – 2 weeks	63.13
<input type="checkbox"/>	Gold – 3 weeks	73.83
<input type="checkbox"/>	Gold – 30 days	84.35
<input type="checkbox"/>	Gold – Annual	105.93
<input type="checkbox"/>	Platinum – Annual	138.03

Including 7% VAT

- I do not wish to purchase diving accident insurance for this trip/vacation. I understand and agree that the facility and staff will not be held responsible for any evacuation, medical and/or other costs that may incur as a result of a diving accident.

Full name: _____ Date: _____

Signature: _____

Witness: _____

Checked in by: _____

WANNADIVE

FIRST NAME:					BMP
LAST NAME:					PAID
HOTEL/ACCO					NOT PAID
DEPARTURE DATE:					OWN TAG

RENTALS					BOAT DIVES					VOUCHER	
	QTY	DATE rented	DATE return	TOTAL days	DATE	AM1	AM2	PM	PM2	TA:	
ITEM:											UL Air
											6 UL / 6 BD
											6 UL / 11 BD
											OTHER
											COURSE
					<i>INST. / GUID. / MISC.</i>					TOTALS	
RETAIL										AIR	
										BOAT	
										I / G	
										RENTAL	
										RETAIL	
										MISC	
										INSURANCE	
					NIGHT DIVE					BMP	
					MAGIC ND					TOTAL	
					DAY TRIP						