



DIVE SAFARI APPLICATION FORM

**This form must be completed
from each and every customer
and have to be sent for acceptance
by fax or email
enabling us to confirm your reservation**

Personal Information

Mr./ Mrs. Full name

Flight details / airline & flight no

Date of arrival & time

Date of departure & time

Date of birth & Nationality

Home address

City / State / Zip

Country

Home phone

Email ID

Divers Insurance

Travel Insurance

Passport No & Validity

Application / Payment Policy

This application must be completed by each person, signed and returned with a deposit of 35 (Thirty Five Percent) of the total package amount. A trip cancellation insurance is highly recommended for each participant.

Dive Experience

Level & Dive Association

Logged dives

Date of your last dive / place

Dive ability beginner / advanced / intermediate / expert

How many Safari & Country & Boat name

In consideration of the participant and his/her parent/guardian being permitted to register, and participate at the above, we do hereby forever release and discharge Mariana Liveaboard and the Mariana Adventures Pvt. Ltd. its Directors, Agents, employees and any person or corporation connected herewith from all manner of action, injury, damages, costs, claims, or demands which we shall or hereafter have, suffer or receive by reason of such participant in the program of Mariana Liveaboard diving. The release shall be binding on our heirs, assigns,

executors and administrators. It is agreed that this Liveaboard safari does not and shall not be considered to guarantee or warrant such equipment as may be used in the conducting of said dive activities. It is further agreed that Mariana Liveaboard and the Mariana Adventures Pvt. Ltd is not responsible for lost or stolen personal articles or diving / photo / video equipment. There are no exceptions

Medial Information

In Case of Emergency, Notify

Address, City, State, Zip Address, City, State, Zip

Phone home & business

You are solely responsible to determine your medical and physical fitness to participate to dive or engage in diving activities. I certify that the statements made by me in the Application set forth above concerning my personal information, diving experience, and medical information are correct and truthful in all respects. We recommend to consult your personal physician to check on your medical or physical fitness. In case of a medical emergency, I authorize the Management and / or Captain of Mariana Liveaboard to administer first aid or get proper medical attention if necessary. The nearest recompression chamber may be many hours away and may require evacuation by speed boat or air taxi. The time involved with boat and air transport poses additional risk to my personal safety. I voluntarily accept this additional risk and am fully prepared to pay all expenses related to evacuation and recompression chamber treatment should it be deemed necessary by myself or MY Mariana Liveaboard.

Jurisdiction and applicable law

All claims against MY Mariana Liveaboard and Mariana Adventures Pvt Ltd. arising under, in connection with, or incident to this agreement shall be determined according to the laws of the Republic of Maldives and shall be adjudicated in the courts of Male to the exclusion of the courts of any other state or county. Undersigned also acknowledges receipt of a copy of this contract.

I hereby read, understood and are herewith certifying that the foregoing is true and correct.. I confirm that I have read and understood the policies of MY Mariana Liveaboard.

Applicant:

Printed name

Date & Signature

Parent/Guardian

Printed name

Date & Signature