

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<sup>\*\*</sup> 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. 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' 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 and Cocotinos have the right to cancel or amend my itinerary planned.

I, \_\_\_\_\_ Please Print Your Name 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



Please Complete And Return To Us By Fax +65 67220685 Or Email To [Info.Desk@Cocotinos.Com](mailto:Info.Desk@Cocotinos.Com)