



Date of Departure _____

DIVER INFORMATION

NAME ON PASSPORT:	PASSPORT NUMBER, COUNTRY OF ISSUE, EXPIRATION:
DATE OF BIRTH and GENDER:	WEIGHT and HEIGHT:
CITY, STATE, POSTAL CODE and COUNTRY:	
CELL PHONE:	HOME PHONE:
EMAIL:	FACEBOOK:
INSTAGRAM	TWITTER:

DIVER EXPERIENCE

CERTIFICATION AGENCY:	CERTIFICATION NUMBER:
NITROX CERTIFICATION NUMBER:	CERTIFICATION LEVEL:
EXPERIENCE LEVEL (BEGINNER, INTERMEDIATE, ADV.):	NUMBER OF DIVES YOU HAVE DIVED:
EXPERIENCE IN COLD WATER & CURRENTS:	WHEN/WHERE YOUR LAST DIVE:

PLEASE NOTE: If you have less than 100 dives, diving Nitrox is necessary. If you have not dived in 6 months prior to arrival, please arrange arrive early for a refresher dive prior to departure.

DIVER INSURANCE INFORMATION

Dive Insurance Company & Policy Number	Dive Insurance Contact Information:
Health Insurance Company and Policy Number:	Health Insurance Contact Information:
Travel Insurance Company and Policy Number:	Travel Insurance Contact Information:

DIVER REQUESTS

Please tell us if you any have dietary restrictions we need to be aware of:

RENTAL GEAR Full Kit (\$250)___Yes or___No. (Full kit includes BC, Regulator, 7mm Wetsuit, Mask, Fins & Booties, Hood)

PLEASE NOTE: Computers are mandatory for each diver. Gloves are necessary for protection from sharp barnacles.

Provide sizes below and/or request individual items.

BCD (\$75) Yes or No:	BCD: Men's or Women's and Size:	
Wetsuit (\$65) Yes or No:	Wetsuit Men's or Women's and Size:	
Fins (\$35) Yes or No:	Men's or Women's Shoe Size in Euro:	
Regulator (\$75) Yes or No:	Computer (\$75) Yes or No:	Hood (\$35)Yes or No:
Mask (\$25) Yes or No:	AL100 tank (13.2L) Yes or No:	Lantern (\$20)Yes or No:

Additional Requests: (Nitrox Course, etc)

TRAVEL INFORMATION

FROM EC-GPS	DATE	AIRLINE	FLIGHT NUMBER	TIME	FROM UIO or GYE?
ARRIVAL INFORMATION					
DEPARTURE INFORMATION					
HOTEL NIGHT BEFORE CRUISE:	CITY:		PHONE/FAX:		

EMERGENCY CONTACT

NAME	RELATIONSHIP
ADDRESS	CELL PHONE
EMAIL	HOME PHONE

MEDICAL INFORMATION

Medical Fitness:

Do you have any medical history, condition, or physical impairment that Calipso Dive / MY Calipso should be aware of, or are you currently taking any prescription or other medication that may affect you directly or indirectly (via side effects) while participating in activities aboard or based from the vessel? ____ No ____ Yes

Note: If yes, please describe in the space provided below, or on a separate piece of paper, the medication or condition and its effects, as well as what procedures must be followed by the crew should you fail to take your medication for any reason and/or a doctor's note clearing you to dive. In some cases, a clearance letter from your doctor may be required.

DIVER SIGNATURE PAGE

Booking Terms and Cancellation Guidelines

This booking form must be fully completed by each passenger, the Liability Release initialed and signed, and both returned to Calipso Dive / MY Calipso with your final payment 90 days prior to departure. Cancellations must be received in writing, and are subject to the following fees: 91 days or more prior to departure - 30% of charter rate; 90 days or less prior to departure - 100% of charter rate. No cancellations can be accepted less than 90 days before departure, and any unpaid amounts are due and payable. For individual bookings, departure dates may be exchanged for available space 180 or more days prior to departure, not applicable to charter or group bookings. Payments received more than 7 days after the due date will be subject to a \$50 per week fee per berth. ***The Assumption of Risk, Liability Release and Indemnity is an integral part of this application.***

I certify that the following statements are truthful, to the best of my ability:

1. I am a certified diver and I am aware of the inherent risks involved in diving remote destinations with compressed air or Nitrox.
2. I have no medical reasons that would prohibit me from diving.
3. I do not take any medications that are contraindicated with diving.
4. I am in good mental and physical health.
5. I will, at all times, exercise due care and caution, both onboard the vessel and on shore.
6. I will obey all crew instructions, boat rules and government regulations.
7. I will not dive under the influence of alcohol or drugs.
8. I will not dive beyond my training or ability.
9. I will listen to dive briefings and follow my dive guide's instructions.
10. I will not exceed the depths of time limit of planned dives.
11. I will ascend no faster than 30 ft (10 mt) per minute and will do a safety stop on ascent.
12. I will adhere to the buddy system while diving, including a buddy gear check.
13. It is my responsibility to inspect all of my equipment to make sure it is in good working order, whether or not my equipment is mine or rental equipment.
14. I agree to notify my dive guides if my equipment is not in good order.

I understand the statements above and commit to adhering to all statements above:

Printed Name: _____

Signature: _____

Cruise Date:	Date of Signature:
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Return this completed, signed form, scan and return by email to bookings@calipsodive.com

No digital signatures please. Only hand written signatures.