

Requests:_

Manthiri Maldives, Liveaboard Diving

Sea N See Pvt Ltd

Application				Trip Number(s						ee N	lanthi	ri w	ebsite)
Board/Depart Boat Dates			es				Gender				М	1	F
Full Passport Name						Date of Birth			irth				
Home Address							Passport Number						
City, State, Zip							Passport Expiration Date						
Home Phone							Country of Citizenship						
Cell Phone							Trip Insurance Provider						
Email Address							Trip Insurance Number						
				Er	nerg	ency Contac	ct Info	ormati	on				
Name									Relationship				
Address									Home Phone				
Email									Cell Phone				
						Dive Inforn	natio	n					
Agency			DAN Member Number										
Level							Dan Insurance Type						
Card Number							# Logged Dives						
Date Last Dive							# Times in the Maldives						
Experience			Non-Diver Beginner				Intermediate Advanced E			Ex	pert		
Diving Nitrox		Yes N	lo	Agency			Nitrox Card Number						
					Fli	ght/Hotel In	forma	ation					
Information			Date		Time				Airline		Flight Number		Number
Arrival													
Departure													
Overnight Hotel		Nights at Hotel:											
After Trip Hotel If o			lf ov	overnight after trip list hotel and nights at hotel									
•	drugs edical	or other		•		-	ent th	at we	should be aware or being on the boa		-		ently takin

Booking Terms and Cancellation Guidelines

This application must be fully completed by each passenger, the Liability Release initialed and signed, and both returned to Manthiri Liveaboard USA or Manthiri home office 30 days prior to departure date. Cancellations must be received in writing, and are subject to the following fees: All deposits are non-refundable unless booking dates are sold. Refund will be less any wire transfer fees and expenses. A minimum of \$1,000 cancellation fee will be applied to any cancellations. All cancellations must be made in writing by email. Please Initial

Assumption of Risk, Liability Release and Indemnity

This document must be initialed where indicated and signed below without modification.

For and in consideration of Sea N Sea Pvt Ltd, Manthiri Maldives, and Manthiri Liveaboard (USA booking agent) (collectively known as Manthiri) permitting me to board, reside on, and participate in scuba diving and other activities connected with vessels owned and/or operated by them (the "activities"), I hereby voluntarily and knowingly represent and agree for myself and my heirs, executors, administrators and assigns as follows:

DIVERS: PLEASE READ AND INITIAL ALL SECTIONS BELOW	
1. I am a certified scuba diver trained in safe diving practices and understand and agree that the am aware (1) that scuba diving is a physically strenuous activity and I will be exerting myself during this activity and instruction of skin and scuba diving, and (3) that it is not the function of Manthiri or its agent safety, and I expressly assume these risks.	s dive excursion, (2) of the risks inherent in the
2. I understand that diving with compressed air involves certain risks, and that injuries can occ chamber. I further understand that an open water diving trip may be conducted at sites that are remote chamber and/or medical facility, and nonetheless agree to accept and assume such risks when I proceed	e, by time and/or distance from a recompression
3. I understand that even if I follow all the appropriate dive practices, there is still some risk of sickness, embolism or other diving-related injuries, and I expressly assume the risk of such injuries or il waters involves additional risks due to the environment, animal or sea life, currents and mechanical or death may occur from such risks, and I expressly assume such risk.	llnesses. I further understand that diving in ocean
4. I understand that the Manthiri complies with the recommendations of the Recreational Scub physical and mental fitness for diving. I affirm that I have reviewed the RSTC medical statement and gu contained therein (http://massdiving.com/documents/medical_statement.pdf) and that either (1) I have remedication contraindicated for diving, or (2) I will be in possession of a doctor's statement less than one or more contraindicated medical conditions or medications that I am taking. I understand that, if I have condition or take contraindicated medication, and cannot provide a current doctor's recommence participate in diving activities from the Manthiri vessels, and that no refund or other considerations.	uidelines, standards and recommendations no medical history or condition and am taking no e year old affirming my fitness to dive despite one e a contraindicated medical history or dation of my fitness to dive, I will be unable to
DIVERS AND NON-DIVERS: PLEASE READ AND INITIAL ALL SECTIONS BEL	<u>_OW</u>
5. I acknowledge that I have been fully and completely advised of the potential hazards and dawater activities, including remoteness by time and/or distance from any medical facilities, and I express	=
6. I shall observe strictly and comply with such additional reasonable terms and regulations as deem desirable or needful to prescribe before or during any activities I undertake on board or based fro other reasons.	
7. It is my intention, by signing this document, to exempt and release the Manthiri and their agriability for personal injury, property damage, wrongful death and loss of services caused by the neglige agents either aboard the vessel, in the water, or during onshore excursions or tours. In the event I shall its servants, employees or agents, I shall (1) indemnify and hold them harmless from any and all loss of (2) agree to interpret this agreement according to the laws of the Maldives.	ence of the Manthiri or its servants, employees or II prosecute any such claim against the Manthiri or
8. Cancellation and Refund Policy – I understand that if I cancel my trip due to injury, family the cancellation or change fees described on the application form and provided elsewhere by the Mantt that the Manthiri has the option of (1) substituting facilities or equipment of equal or greater value in pla rescheduling the boat passage portion of my trip only in the event of a forced last minute cancellation be circumstances within Manthiri's control. I understand that the Manthiri may offer some consideration to day on a given trip is lost due to circumstances within Manthiri's control. I understand that the Manthiri i penalties or change fees, additional travel costs incurred in the event of a forced itinerary change to core concerns, minor delays or inconvenience, missed connections, lost baggage recovery, or expenses incurved is booked by or through the Manthiri. I understand that the Manthiri is not responsible if any cancellation of the trip, including but not limited to political unrest, changes in government regulagree to obtain trip cancellation insurance coverage if I wish my trip costs or other fees to be recircumstances described above.	hiri, and I agree to these pay fees. I understand ce of the booked trip, or (2) refunding or by the Manthiri due to mechanical failure or other wards a future trip only if more than one full diving it in no case responsible for airfare cancellation imply with government regulation or weather curred due to travel delays, whether or not such factor not within the Manthiri's control forces ulation, air carrier strike, or adverse weather. I
9. Photographic Release – I hereby give the Manthiri permission with respect to the photogra in which I may be included with others, to (1) copyright the same in the Manthiri's name or any other na and/or publish the same in whole or in part for any purpose whatsoever, including illustration, advertising	ime that the Manthiri may choose, and (2) to use
If any provision of this document is found to be unenforceable or invalid, the provision shall be remainder of this document shall be construed as though the unenforceable provision had neveremain in full force and effect.	severed from the Assumption of Risk and the
I ACKNOWLEDGE THAT I HAVE READ AND INITIALED THE FOREGOING PARAGRAPHS, AND T RIGHTS THAT I AM GIVING UP BY SIGNING THIS DOCUMENT.	THAT I FULLY UNDERSTAND THE LEGAL
Name: (Please Print) Signature:	Date:
(For Minor) Signature of Parent or Guardian:	Date: