

Agreement for Assumption of Risk and Liability Release

Participant Record (Confidential Information)

Thank you for choosing Oniric Safari Cruises. Each applicant must completely read, fill out, sign and return this form in order to be cleared for boarding . **Please read carefully and fill in all blanks before signing.**

Cruise Departure Date (DD/MM/YYYY) _____

***Please provide your personal information as per your passport.**

1. Name and Last Name _____

2. Date of Birth (DD/MM/YYYY) _____ 3. Email Address _____

4. Passport Number _____ 5. Passport Exp. (DD/MM/YYYY) _____

6. International Health Insurance* company name _____ 7. Policy nr. _____

8. Dive Accident Insurance company name _____ 9. Policy nr. _____

10. Travel Interruption Insurance* company name _____ 11. Policy nr. _____

12. Emergency Contact (not on trip) mobile _____ 13. Relationship _____

14. Certification company name _____ 15. Licence nr. _____

16. Certification Level _____ 17. Date of last dive (DD/MM/YYYY) _____

18. Nitrox Certified Yes____ No____ 19. Number of total dives (aprox) _____

i. ASSUMPTION OF RISK

I hereby confirm that I am a certified advanced scuba diver, and that I thoroughly understand the hazards of scuba diving including those occurring during boat travel to and from the dive site (hereinafter collectively referred to as "**excursion**").

I understand that these inherent risks include but are not limited to: drowning, air expansion injuries, decompression sickness, embolism, or other hyperbaric injuries that require treatment in a recompression chamber; slipping or falling while on board, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea; all of which can result in serious injury or death. I understand the **excursion** will be conducted at a site that is remote by time and distance from a recompression chamber and emergency medical facilities, choosing by personal choice and not under the influence of alcohol or any drugs to proceed with the **excursion**.

I understand and agree that neither **Oniric Safari Cruises**, nor its affiliate or subsidiary corporations, owners, officers, employees, crew, dive professional(s), agents, contractors or assigns of the above listed individuals and/or entities (hereinafter "Released Parties") may be held liable or responsible in any way for any personal injury, property damage, wrongful death or other damages to me that may occur as a result of my participation in this **excursion**, unless it is clearly proven that the incident occurred as a result of direct and intentional negligence of the Released Parties.

I affirm that I am in good mental and physical health to scuba dive. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. Furthermore, I understand that scuba diving is a physically strenuous activity, and that if I get injured during the **excursion** as a result of heart attack, panic, hyperventilation, drowning or any other cause, I expressly assume the risk of said injuries and that I (or any other third party) will not hold the Released Parties responsible for the same. Accordingly, it is my responsibility to plan my dive according to my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s).

I affirm it is my responsibility to inspect all of my equipment prior to the **excursion** and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly. I further state that I am of lawful age and legally competent to sign this Agreement, or that I have obtained the written consent of my parents or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. Additionally, I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns or beneficiaries may have to sue the Released Parties resulting from my death.

ii. MEDICAL STATEMENT

I hereby confirm that I have read the [guidelines](#) for recreational diving and that I have completed the online self-evaluation questionnaire on it provided by **Oniric Safari Cruises**, I also affirm that in case of showing positive responses in the evaluation, I have visited and have been released by a physician and that I am in good mental and physical health to join the **excursion**. I further agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions, or by providing distorted/false information.

Participant Signature Parent

Date:

Guardian Signature

Date: