GUEST REGISTRATION FORM

PT Solitude Resorts Indonesia

SOLITUDE
lembeh resort

PLEASE PRINT CLEARLY AND LEGIBLY
** All fields are compulsory **

Stay Duration

Arrival Date: _____   Departure Date: _____   Resort: _____

Personal Information

Surname: _____   Given Names: _____

Residential Address: _____

Email: _____   Tel/Mobile Number: (+) _____

Passport Number: _____   Passport Expiry Date: _____

Nationality: _____   Date of Birth: _____

Scuba Diving Certification

Certifying Agency and Level : _____   Certification Number: _____

Date of last dive: _____   Number of Dives Completed: _____

DIN Regulator User: _____   I will dive with EANx** _____

** EANx, Equipment Hire, Courses, etc are additional cost and can be paid directly on the vessel

Medical and Special Considerations

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: _____

Emergency & Dive/Travel Insurance Information

Name of Emergency Contact Person: _____

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 you require)*

☐ **BCD (Size: _____)** ❖ ☐ **Regulator** ❖ ☐ **Wetsuit (Size: _____)** ❖ ☐ **Fins (Size: _____)** ❖ ☐ **Mask** ❖ ☐ **Dive Computer**

Note: Use of Dive Computer and Surface Marker Buoy are Mandatory when diving with Solitude Liveaboards. Equipment Hire is additional cost and can be paid directly onboard.

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 **PT Solitude Resorts Indonesia** GENERAL LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT (For C.1).
► 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 I have been informed that Dive/Travel Insurance is mandatory and if I should not have one or one that is insufficient, 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 Vessel's Officers and/or Manager on Duty has the right, without liability for any refund, payment, compensation or credit of any kind, refuse to embark, or may disembark, confine to cabin anyone guilty of conduct deemed to endanger or inconvenience the staff, crew and fellow guests (ie. aggressive and threatening behaviour).
► Am fully aware that I can be disallowed from participation in skin diving, scuba diving, and/or any other activities if my physical condition or my conduct may jeopardise my or any other guests' safety.
► Am fully aware that I should take extra precaution while moving around on board the vessel especially in areas where there is uneven floor/decks and impeding overhead clearances or obstacles.
► Am fully aware that due to unforeseen circumstances, **Solitude Lembeh Resorts** have the right to cancel or amend my itinerary planned.
► **Photographic Release** - hereby provide consent with respect to the photographs and/or videos that have been taken of me during the activities of the cruise by Solitude's staff to be used and/or publish the same in whole or in part for any Solitude's advertising purpose whatsoever, including social, internet and print media

I, _____ hereby declare that the above information that I have provided are true and I accept all inconveniences
   Please Print Your Name
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 onboard the vessel.

_____   _____
Date   Signature

A.1