

# GUEST REGISTRATION FORM

Solitude Acacia Resort Philippines

SOLITUDE  
acacia 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

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 **Solitude Acacia Resort Philippines** 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 Acacia 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

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<sub>1</sub>