GUEST REGISTRATION FORM

Booking No. _____ / Solitude Lembeh Resort

SOLITUDE lembeh resort

PLEASE PRINT CLEARLY AND LEGIBLY
**** All applicable fields must be completed ****

Stay Duration

Check-in Date: _____ **Check-out Date:** _____ **Room No.:** _____

Personal Information

Surname: _____ **Given Names:** _____

Residential Address: _____

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

Passport Number: _____ **Passport Expiry Date:** _____

Nationality: _____ **Date of Birth:** _____

Scuba Diving Information

Certifying Agency and Level: _____ **Certification Number:** _____

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

Regulator Connection: ☐ **DIN** ☐ **YOKE (INT)** **I intend to dive with EANx**:** ☐ **Yes** ☐ **No**

*** EANx/Nitrox, equipment hire and courses are available at an additional cost and can be paid for at the resort*

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 requirements? ☐ **Yes** ☐ **No**

If YES, please explain: _____

Emergency Contact and Travel/Diving 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 required)*

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

Note: A dive computer and surface marker buoy are mandatory when diving with Solitude Lembeh Resort. Equipment hire is available at an additional cost and can be paid for at the resort.

Declaration

I hereby acknowledge that I have been informed of any additional fees and charges not included in my booking, including, but not limited to, marine park and scuba diving permit fees, EANx/Nitrox, equipment hire and courses, unless otherwise confirmed in writing by Solitude Liveaboards and Resorts. I also acknowledge the inherent risks associated with boat travel, skin diving and scuba diving. In particular, I acknowledge that I:

- Have read and accepted the Solitude Lembeh Resort GENERAL LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT (Form C).
- Authorise management and staff to administer first aid and/or obtain appropriate medical attention for me if necessary in the event of a medical emergency.
- Understand that **travel and diving insurance, including emergency evacuation coverage, is mandatory**. If I do not hold adequate insurance, **I accept full responsibility for, and agree to pay, all expenses** associated with evacuation, recompression chamber treatment and any other costs incurred in obtaining medical attention deemed necessary by me or resort management.
- Understand that concealing any past or present health condition incompatible with safe diving may place my safety and the safety of others at risk.
- Understand that resort management and/or the Manager on Duty may, **without liability for any refund, payment, compensation or credit**, refuse check-in, require a guest to leave the resort or restrict their participation in activities if their conduct is considered likely to endanger or seriously inconvenience staff or other guests, including aggressive or threatening behaviour.
- Understand that I may be prevented from participating in skin diving, scuba diving and/or any other activity if my physical condition or conduct may jeopardise my safety or the safety of another guest.
- Understand that I must take extra care when moving around the resort premises, particularly on wet or uneven surfaces, stairs, pathways, jetties, dive boats and other areas where hazards may be present.
- Understand that, due to unforeseen circumstances, Solitude Lembeh Resort **reserves the right to cancel or amend scheduled diving, activities, transfers or other services**.
- **OPTIONAL PHOTO/VIDEO CONSENT** - I consent to Solitude using photographs and/or videos taken of me during my stay for promotional purposes, including social media, online and print media. ☐ **Yes** ☐ **No**

I, _____, declare that the information I have provided above is **true and complete**. I **accept responsibility** for any consequences arising from inaccurate or incomplete information, including delays in receiving emergency medical assistance or in assessing my suitability to participate in activities at the resort.

_____ *Date* _____ *Signature*