GUEST REGISTRATION FORM

*Cruise No. _____ /Solitude Adventurer

SOLITUDE ADVENTURER liveaboards • Indonesia

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

Stay Duration

Embarkation Date: _____ **Disembarkation Date:** _____ **Cabin 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 on board.*

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 Liveaboards. Equipment hire is available at an additional cost and can be paid for on board.

Declaration

I hereby acknowledge that I have been informed of any applicable fuel surcharge (refer to the Booking Terms and Conditions), additional fees including, but not limited to, passenger, port, marine park and scuba diving permit fees and other charges, such as EANx/Nitrox, equipment hire, alcoholic beverages and satellite internet, 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 Adventurer 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 the vessel's Master or 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 the vessel's officers and/or Manager on Duty may, **without liability for any refund, payment, compensation or credit**, refuse embarkation, require a guest to disembark, require a guest to remain in their cabin or restrict their participation in activities if their conduct is considered likely to endanger or seriously inconvenience staff, crew 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 on board the vessel, particularly in areas with uneven floors or decks, low overhead clearances or other obstacles.
- Understand that, due to unforeseen circumstances, Solitude Adventurer **reserves the right to cancel or amend my planned itinerary**.
- **OPTIONAL PHOTO/VIDEO CONSENT** - I consent to photographs and/or videos taken of me by Solitude staff during the cruise being used, in whole or in part, for Solitude's 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**
Print Full Name
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 on board the vessel.

_____ _____
Date *Signature*