



3F DIVING INC

TRAVEL AGREEMENT FOR GROUP/INDIVIDUAL TRAVEL

Please read and initial the following statements. Return completed form to confirm reservation. Travel documents will not be released without receipt of this completed form.

TRIP LOCATION: Fiji - Beqa Lagoon Resort

DATE: November, 2024

CUSTOMER NAME: _____

GROUP RESERVATIONS/CHARGES

1. _____ **Reservations are considered firm upon receipt of \$500.00 per person non-refundable deposit** (unless otherwise noted) and this travel arrangement. **Final payment is due by: August 9, 2024** (120 days prior to departure). Should I authorize payment by credit card, I agree to pay all charges in full.
2. _____ **Cancellation policy: All deposits and payments are non-refundable.** Should you choose to cancel your reservation, for whatever reason, monies paid to 3F Diving Inc (hereafter "3F") will be forfeited. Should 3F cancel the tour, prior to departure, a full refund to the customer of monies paid to 3F by Beqa Lagoon Resort will constitute full settlement. Should I authorize payment by credit card, I agree to pay all charges in full.
3. _____ All prices are based upon double occupancy. Single persons may be subject to additional charges.
4. _____ Reconfirm all international airline reservations no later than 72 hours prior to departure times. Flight times are subject to change.

INSURANCE

1. _____ Travel Insurance may provide extra protection for unexpected traveling problems. These problems could result from accident, illness, airline bankruptcy, lost luggage, canceled or interrupted trip. Travel Insurance is available from external vendors and is highly recommended. 3F is not an insurance company. **As insurance coverage and premiums may differ from company to company, it is your responsibility to review the insurance coverage provided to determine the nature and extent of insurance coverage.** 3F strongly encourages the purchase of DAN (Divers Alert Network) insurance for dive emergencies. I recognize that the decision to purchase insurance, and what insurance, if any, to purchase, is my decision alone.

DIVER AND NON-DIVER RESPONSIBILITY/WAIVER AND RELEASE OF LIABILITY

In consideration of 3F's arrangement of transportation, hotel accommodations, and/or a dive package (travel arrangements) on my behalf, I understand and recognize as follows:

1. _____ 3F acts only as agent for the carrier, hotel, tour operator, vessel, boat or other facility providing the travel, accommodations, activities, tours, excursions, and other travel services, and 3F has no control or ability to control the same. As such, I recognize that 3F is not responsible for injuries, losses or damages to me, my luggage or dive equipment and I waive any such claims against 3F for such injuries, losses or damages. I understand that if 3F should be found liable for any injuries, losses or damages due from its failure or the failure of its employees, instructors, agents and representatives to perform any or all of its obligations or responsibilities, 3F's liability shall be limited to the total commission it received from said

suppliers, this liability shall be exclusive and apply if injuries, losses or damages, irrespective of cause or origin, results directly or indirectly to persons or property from performance or non-performance of any of 3F's obligations or from negligence, active or otherwise, of 3F and its employees, instructors, agents and representatives. This Agreement shall be binding upon heirs, legal representatives, and myself.

2. _____ The Airlines have a baggage and carry-on policy. Check with the Airlines concerning their restrictions and possible charges for overweight luggage.
3. _____ All prices including airfare (if applicable) are subject to change until paid in full by the entire group. I accept responsibility for any costs incurred by airline schedule changes (if applicable) and any changes in fees for air, hotel, boat, diving, taxes or **fuel surcharges**.
4. _____ Certain environmental, travel or weather conditions, beyond the control of 3F, may affect the travel arrangements and/or dive operation and are not the responsibility of 3F.
5. _____ My legal name on my reservation must match my passport. All international trips require passports. If names do not match, I may be charged a fee or could be denied boarding and would be responsible for any costs incurred. It is my responsibility to check with my physician (or County Health Department) for any immunizations or medications required or recommended. I understand that it is my responsibility to **arrive in Los Angeles International Airport at least 3 hours prior to boarding Fiji Airways flight on November 21, 2024 in order to ensure check-in procedures are completed in time.**
6. _____ Travelers who are traveling with something other than US Nationals proof of Citizenship must be aware of proper traveling documents-ie: Visas.
7. _____ Children under 18 traveling out of the US with one or no parent must have a notarized form signed by both parents authorizing unaccompanied travel.
8. _____ Those traveling outside of the United States should consult with their physician or a travel clinic for recommended immunizations & medications.

DIVER RESPONSIBILITY/WAIVER AND RELEASE OF LIABILITY

1. _____ If I am not yet a certified diver, I have reviewed all written dive training materials and have successfully completed all pool and classroom requirements within the past 6 months. If I am a certified diver, I have proof of a current certification card from a recognized certifying training agency.
2. _____ If a dive destination is located outside the continental United States and I should incur a dive related injury or affliction, I realize that the medical care and assistance from both a diagnostic and treatment standpoint, may be nonexistent or may be substandard to that provided in the United States. I also recognize and understand that 3F makes no warranties or representations concerning the existence or quality of any suggested or recommended medical facilities for treating individuals with dive afflictions or injuries or the existence or quality of medical personnel trained in the diagnosis and treatment of dive afflictions or injuries.
3. _____ I understand the importance of not drinking alcoholic beverages or taking medication before, after or in connection with diving activities. The result of such conduct may cause or predispose me to certain medical conditions and dive afflictions, including but not limited to, decompression sickness and/or air embolism.
4. _____ The dive tables and dive computer which I may use or may be employed by others in connection with my dive may not be applicable to myself. Should I make a decompression or a non-decompression dive within those dive tables or dive computer limits, I recognize that I may still incur a dive injury or affliction, including but not limited to, decompression sickness or air embolism.

5. _____ Certain medical conditions may not be conducive to scuba diving. I represent that I have sought the advice of a physician before diving and said physician has advised me that there is no medical reason preventing me from scuba diving.

6. _____ 3F makes no representations concerning the quality, care or instruction of any dive tour operator or employee nor any dive equipment which may be provided or arranged by 3F in the dive tour operation. I also recognize and understand that 3F makes no warranties or representations concerning the location, existence or quality of any suggested, recommended or mandatory first-aid equipment, including but not limited to, recompression chambers to be used in case of a dive injury or affliction.

7. _____ 3F highly recommends that all divers be equipped with at least the following scuba equipment: buoyancy control device; low pressure inflator; submersible pressure gauge; regulator; alternate air source; dive tables or computer; timing device; depth gauge; and emergency signaling devices.

8. _____ After diving, I should consult the applicable standards to determine how long I must wait before flying.

Please Print

Legal Name: (As on Passport) _____ Passport # _____

Expiration Date: Month: _____ Day: _____ Year: _____

Citizenship: _____

Please attach a photocopy of your passport

Upon returning home from your trip your passport must have a minimum of 6 months remaining before expiration.

Date of Birth: Month: _____ Day: _____ Year: _____

Email: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (Cell) _____

Certified Diver: Y N Certification Agency: _____ # _____

Certification Level _____ Years of diving experience? _____

Number of Dives? _____ Date of Last Open Water Dive _____

Do you have DAN or other Divers Insurance: Yes _____ No _____ Dan Insurance#: _____

Other Divers Insurance Company Name _____ #: _____

Emergency contact person:

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (Cell) _____

I HEREBY STATE THAT I HAVE CAREFULLY REVIEWED THE FOREGOING AND I ACKNOWLEDGE, RECOGNIZE, APPRECIATE AND ASSUME THE ABOVE RISKS INHERENT IN SCUBA DIVING AND/OR TRAVEL TO A FOREIGN COUNTRY OR WITHIN THE UNITED STATES AND WAIVE EACH AND EVERY CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE, INCLUDING CLAIMS FOR NEGLIGENCE, WHICH I MIGHT HAVE AGAINST 3F DIVING INC, AND ITS EMPLOYEES, INSTRUCTORS, AGENTS AND REPRESENTATIVES, ARISING OUT OF TRAVEL ARRANGEMENTS, SCUBA INSTRUCTION OR SCUBA DIVING ACTIVITIES. THIS AGREEMENT SHALL BE BINDING UPON MYSELF AND MY HEIRS AND LEGAL REPRESENTATIVES.

Signature: _____

Date: _____

If minor: Signature of parent/guardian: _____