

# TROPIC SAILING CRUISES TRIP APPLICATION

## Cat Ppalu

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**Please fax front to office and bring original to boat.**

_____	_____	_____	Male____ Female____
First Name	Last Name	Nickname or Preferred Name	
_____			_____
Address			Date of Birth (MM/DD/YY)
_____	_____	_____	_____
City	State	Zip Code	Country
(_____)_____	(_____)_____	_____	_____
Phone # Day	Phone # Evenings	Trip Date (MM/DD/YY)	

Email address: \_\_\_\_\_ Would you like to receive our newsletter: yes \_\_\_\_ no \_\_\_\_  
**What travel documents are needed? Effective January 1, 2007, all travelers to the Bahamas will need a passport. Check with the Bahamas Embassy for visa requirements if citizenship is not US. <http://www.bahamas.com/bahamas/about/entrrequirements.aspx?sectionid=59196>**

Flight Info \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Arrival Airline Flight # Arrival Date/Time in Nassau Depart Airline Flight # Date Time  
We can assist you with transfers for \$30.00 per person roundtrip with prior arrangements. Please contact the office directly.

Is this your 1<sup>st</sup> Cat Ppalu Cruise? Yes  No

Special Requests \_\_\_\_\_

We highly recommend the purchase of travel insurance. This will protect you in case you have to cancel your trip due to unforeseen circumstances. You may obtain information about travel insurance from our office or our website. <https://www.travelex-insurance.com/Consumer/Welcome.htm?location=09-0615> Have you purchased travel insurance? Yes  No

### DIVING INFORMATION

Are you a certified diver? Yes  No  # of Dives? \_\_\_\_\_  
Certifying Agency/Level/Certification # \_\_\_\_\_

I rate my skill as a scuba diver:  Beginner  Intermediate  Advanced  Non Diver

**Rental Requests- We provide tanks, weights and belts. Payment for rental gear must be made in advance.**

Regulator  Dive Computer  Dive Light  Wetsuit: Full  Shorty  BC  Size \_\_\_\_\_ Ht/wt \_\_\_\_\_

### Medical Information

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Contact in case of emergency Day Phone # Evening Phone #

\_\_\_\_\_ \_\_\_\_\_  
Required medication Medication which may not be given

\_\_\_\_\_ \_\_\_\_\_  
Medical Alert Information Diver's Insurance Company & policy #

In case of a medical emergency, I authorize the crew of the vessel to administer first aid or get proper medical attention if necessary. I understand that the nearest recompression chamber is hours away and may require air evacuation. The time involved with boat and air transport poses additional risk to my personal safety. I accept this risk and am fully prepared to pay all expenses related to evacuation and treatment should it be deemed necessary by myself or the vessel.

\_\_\_\_\_ \_\_\_\_\_  
Signature Date

**A Guide to Gratuities:** The Live-Aboard dive business is a service industry, and although the general public is seldom aware of it, gratuities are a major part of a crewmember's salary. We have found few other recreational activities where the general public relies so heavily on the professionals in charge for their enjoyment and safety. However, we strongly feel that gratuities should be voluntary based on the quality of service the crew provided. If excellent service is provided, it is **customary for satisfied customers to tip 15% of the trip value.** If you are not satisfied with the services you receive, (keep in mind that it's not their fault if weather affects your trip), you should inform the captain of your feelings and tip accordingly.

## COMPLETE LIABILITY RELEASE

1. **I UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT TROPIC SAILING CRUISES DBA CAT P PALU AND RELEASE ITS AGENTS AND ITS BOATS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING, BUT NOT LIMITED TO NEGLIGENCE.**
2. I do not have in my possession any illegal drugs, nor am I taking, nor have I recently consumed any drugs or medications that would contraindicate diving and/or snorkeling.
3. I fully understand and am aware that the boat has limited medical facilities and that in the event of illness or injury, appropriate medical help must be summoned by radio and that treatment, will be delayed until I can be transported to a proper medical care facility. I am fully prepared to pay all expenses related to evacuation and treatment.
4. I understand that there are inherent risks associated with entering and exiting the water from a dive vessel. I specifically assume these risks. I understand that there are dangers associated with my use of the dive ladder and I specifically assume these risks.
5. I understand that a vessel is not a stationary surface and that it is subject to motion, tides, waves, sea conditions, wind and other forces. I expressly agree to use extra care when coming aboard or departing the vessel, whether to exit or enter the water or land, and I specifically assume all risks in connection with entering, exiting and being aboard the vessel.
6. I will be present at and attentive to all briefings given by the dive master and boat captain and if there is anything that I do not understand or have been taught differently, I will notify the boat captain immediately.
7. I certify, if I engage in scuba diving activities, that I am a certified diver or a student diver under the supervision of a scuba instructor and have been taught and understand scuba diving has inherent risks and dangers associated therewith including, but not limited to, risks associated with equipment failure, perils of the sea, acts of fellow divers and I **SPECIFICALLY ASSUME SUCH RISKS.**
8. If I have not been diving within the past year or I am not under the direct supervision of an instructor, I will request a refresher course from the dive master.
9. I acknowledge that I am physically fit to scuba dive and snorkel and I will not hold any of the above named persons or entities responsible if I am injured as a result of heart problems, lung problems, or other illnesses or medical problems which occur while diving and/or snorkeling.
10. Prior to each dive, I will inspect all equipment to be used. I will not hold TROPIC SAILING CRUISES dba CAT P PALU or any of its employees, or agents, or boats responsible for my failure to inspect my equipment prior to diving.
11. I understand I have a duty to plan and carry out my own dive and to be responsible for my own safety and the safety of my buddy. **I WILL REMAIN WITH MY BUDDY AT ALL TIMES.**
12. I will start my ascent at the end of each dive with enough air to ensure being on the boat with a minimum of 500 PSI remaining in my tank.
13. I will immediately stop my dive if:
  - A) I feel uncomfortable with my diving abilities; and/or
  - B) Diving conditions are worse than those for which I have been trained or for which I have experience.
14. I am aware of the dangers of holding my breath while diving and of the dangers associated with rapid ascents and will not hold the above named persons or entities responsible for such acts.
15. While skin diving I will not remove my buoyancy control device (B.C.) at any time while in the water. **I ACKNOWLEDGE THAT DOING SO WILL CONSTITUTE A VIOLATION OF SAFETY RULES AND PROCEDURES FOR WHICH I EXPRESSLY ASSUME THE RISK.**
16. If I become distressed on the surface, I will **IMMEDIATELY** drop my weight belt and inflate my B.C. for permanent floatation assistance and if I want or need assistance from the boat, I will give the proper "diver in trouble" signal.
17. **IT IS MY INTENTION BY THIS INSTRUMENT TO GIVE UP MY RIGHT TO SUE ALL PERSON OR ENTITIES REFERRED TO HEREIN, WHETHER SPECIFICALLY NAMED OR NOT, AND IT IS ALSO MY INTENTION TO EXEMPT AND RELIEVE Tropic Sailing Cruises, ITS EMPLOYEES, ITS AGENTS, AND ITS BOATS AND TO HOLD THESE ENTITIES HARMLESS FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE AND I ASSUME ALL RISK IN CONNECTION WITH SNORKELING, SCUBA DIVING AND BOATING ACTIVITIES AND ANY ACTIVITIES DIRECTLY OR INDIRECTLY RELATED THERETO. THIS RELEASE IS INTENDED TO FULLY RELEASE THE RELEASED INDIVIDUALS FOR ANYTHING WHICH MAY TRANSPIRE AT ANY TIME DURING MY TRIP, FROM INCEPTION OF THE TRIP UNTIL IT IS OVER AND I HAVE DISEMBARKED FOR THE LAST TIME.**
18. **I HAVE READ AND UNDERSTAND THE FOREGOING IN ITS ENTIRETY AND AGREE TO THE TERMS AND CONDITIONS HEREIN ABOVE SET FORTH ON BEHALF OF MYSELF, MY HEIRS AND MY PERSONAL REPRESENTATIVES.**

FULL NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT OF LEGAL GUARDIAN (If under 18) \_\_\_\_\_ DATE \_\_\_\_\_