##### logo_white.jpg Passenger Information and Liability Form

Expedition Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Details (person must not be on expedition)

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your swimming ability, 10 being the best \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dive Information Qualified Diver - YES/NO

If yes, Training Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cert Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Qualified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of dives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last dive \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Max Depth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flight date and time after trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PADI Standards require a minimum of 18 hours surface interval before flying after repetitive dives.   
  
Accommodation at the end of the trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (for transport purposes)

DAN INSURED? YES/NO         Card sighted (RFSE DM sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dive Insurance? YES/NO

##### Great White Shark Expeditions are a unique, unusual diving and boating experience. You make the decision if you wish to partake in diving in the cages, or boating around the islands near where we operate. We do not accept any responsibility, and require you to sign this below liability release. We will do all we can to make your experience as safe and enjoyable as possible. Please advise if you think your safety is compromised in any way.

IN CONSIDERATION of Dangerous Reef Pty Ltd, its servants &/or agents, and its related &/or associated companies, (hereinafter called the “Operators”) agreeing to act as tour co-ordinator, escort, guide, dive master for the “GREAT WHITE SHARK” or ANY OTHER EXPEDITION (hereinafter called “the said venture”) I, THE UNDERSIGNED HEREBY AGREE to accept full responsibility for my own activities and safety during the said venture realising as I do its inherent dangers and hazards AND I FURTHER AGREE to release and absolve the operators and their authorised servants, employees and agents from liability for any and all property loss or damage or any claim of whatever nature resulting from death or personal injury including, without limitation, loss of services which I may sustain directly and indirectly from my participation in the said venture or all or any activities (land and sea), carried out during its entirety whether such injury loss or damage results from any person in charge of, employed, or participating in the said venture or from the use of any ship, vehicle or equipment used thereon or whether resulting from the modification or cancellation of the scheduled programs and activities proposed to be conducted due to unfavourable weather conditions, mechanical breakdown or for any other reason which might prejudice the safety of myself or any other person participating in the said venture.

I agree by signing this form that I am confirming my medical fitness to dive. I agree that I have been given a safety briefing and agree to follow all safety and dive procedures.

Please confirm any current medications or state N/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm any allergies or state N/A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm if you have had a scuba diving incident before or state N/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm if you are a medical professional or state N/A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree by signing this form that I am confirming my medical fitness to dive and ability to swim. I agree to follow all safety and dive procedures.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_