



Sign Up Checklist

- About Australia Requires:
 - Diver Trip Sign Up Form (Diver Info, Trip Info, Trip Sign Up, Terms & Conditions)
 - Copy of the Picture Page of Your Passport

- Spirit of Freedom Requires:
 - Conditions of Travel
 - Diver Information
 - Signed Medical Card if Medical Issues Exist

401 Isom Road, Suite 500, San Antonio, TX 78216

Phone: 1-888-359-2877 or 210-299-1077, Fax: 210-541-6755, www.aboutaustraliadiving.com

DIVE TRIP SIGN-UP FORM

Dive Shop Name: _____

Diver Information

Full Name: _____

Full Name must match your Passport (for flight bookings). After flights are ticketed Name Changes will attract Penalty Fees.

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alt. Phone: _____

Email Address: _____

Emergency Contact & Phone: _____

Dive Certifying Agency & Card No.: _____ DAN Insurance No: _____

Passport Expiration Date (MM DDD YYYY): _____ Sex: M____ F____ D.O.B: _____

Please attach a copy of your Passport (picture page only) for Visa Application processing.

If your passport expires prior to your trip departure, please apply for a new passport & send a copy of your "new" passport once received. Visa's and Flight Bookings must reflect your name & details as they appear in the passport you will use during your trip.

Travel Information

Space for hotel rooms, flights & liveboard boat will be held based on your selections below. If the information below is incomplete, will be unable to guarantee space availability & pricing for your preferences. Changes to your preferences at a later date are possible (change fees may apply, especially after flights have been ticketed).

Trip Package: Option 1 _____ Option 2 _____ Option 3 _____

Liveboard Cabin Type: Twin / Double _____ Quad Share _____ Ocean View _____

 Standard _____ Ocean View Deluxe _____ Stateroom _____

If applicable, Name of Roommate (Hotel & Dive Boat): _____

Roommate Relationship: Spouse / Partner _____ Friend: _____

Bedding Configuration: Double: _____ Single: _____

Air Seat Preference: Aisle: _____ Middle: _____ Window: _____

Frequent Flyer Number / Airline: _____

Medical Conditions / Dietary Restrictions / Allergies: Y _____ N _____ If Yes, please list:

Trip Sign-up

I accept the Itinerary proposed by About Australia & agree to all Terms & Conditions.

Your Full Name: _____

Your Signature: _____ Today's Date (MM/DD/YY): _____

Terms & Conditions

(Please initial each of the clauses below to show that you have read and understand each one)

“About Australia (USA), Inc.” trades as both “About Australia Diving” and “About Australia”, referred to herein as “About Australia”.

___ 1) I understand that ‘About Australia’ strongly recommends I purchase Travel Insurance for my pending trip overseas. However, if I have chosen not to purchase Travel Insurance I understand I will be traveling at my own risk.

___ 2) Please ensure we receive your payments within a timely manner, we are unable to honor Specials if payment is received after the Special has expired.

___ 3) Any itinerary changes requested by the client after bookings are in place will result in a minimum \$100 change fee from About Australia. This fee is in-addition to any other fees issued by other providers (e.g. Airlines, Hotels & Tour Operators).

___ 4) Deposit Payments made to About Australia are non-refundable. For “Groups”, the non-refundable deposits may be rolled into payment for the remaining group members who are still travelling. Subsequent payments made to About Australia may also be non-refundable depending on the properties booked. To protect your investment in your travel package we strongly recommend you purchase Travel Insurance. Please visit the following URL for About Australia's Cancellation Policy <http://www.aboutaustralia.com/CancellationPolicy.htm>

___ 5) About Australia is not responsible for loss associated with Visa's for entry into Australia. Note: In most cases Visa's can be issued immediately for USA Passport holders. For non-USA Passport holders Visa Issuance may take up to 12 weeks (Australian Embassy Washington DC).

___ 6) I understand all information supplied by About Australia is provided in good faith and represents the best knowledge of the authors at the time.

___ 7) I agree that I will not hold About Australia, it directors, employees, shareholders, agents and other representatives, under any circumstances, liable for any injury, loss or damage arising out of or related to my trip overseas. This limitation of liability includes, but is not limited to, compensatory, direct, indirect or consequential damages, loss of information, income or profit, loss of or damage to property and third party claims.

___ 8). If for any reason you cancel or miss: a flight, accommodation, shuttle transfer, day tour or any other booking made by About Australia, we request you contact the applicable vendor as per the details contained on the relevant voucher. Please record all details of any changes made including, but not limited to, cancellation confirmation numbers, date, time and person with whom the cancellation was made. About Australia cannot guarantee a refund for any missed or cancelled portions of your trip. For this reason, we strongly recommend travel insurance.

Please submit this completed form with a copy of your Passport.

Diver Information



Name			
Birth Date	/ /	Male / Female	Depart Date: / /
Address			
City/ State		Phone	
Country		Email	
Address / Contact in Cairns:			
Emergency Contact Name			Certification Agency & Level:
Phone:	Email:	Diver/Student Number:	
Insurance Company:			No. of Logged Dives: Date of Last Dive:
Policy/Ref Number:	What is the max depth you have dived to?:		
Insurance Contact No:			Have you ever dived at Night? YES / NO
Dietary Requirements			Have you ever dived in Currents? YES / NO
Disabilities/Special Needs			Have you ever dived without a ...? YES / NO

Medical & Travel Insurance: All SOF passengers are strongly advised to purchase a comprehensive Travel Insurance policy that includes (i) Trip Cancellation insurance, and (ii) Evacuation & Medical cover for Scuba Diving. Please be aware that Scuba Diving and in-water activities are not covered

Medical Statement: Are you medically & physically fit to dive? YES / NO
If you have a history of a medical condition contraindicative to diving (eg asthma, diabetes, epilepsy, heart or lung disorders) you are required to provide a diving medical certificate, stating that you are fit to scuba dive. You must not dive on the trip if you feel unwell, have a chest cold or other respiratory infection.

Do you require any SCUBA or snorkel rental equipment? YES/ NO
Please refer to equipment rental list. Please note that Australian standards require that you have an Alternate Air Source (Octopus). Dive Computers, Safety Sausage (SMB) & Whistle are included. *Lost, damaged or stolen rental equipment is the responsibility of the Hirer. Travel Insurance is recommended.*

Will you be taking any dives on Nitrox ? YES/ NO
Nitrox Certification Card must be produced upon boarding. Fills will be at 32%. Regulators must be compatible for use with nitrox. Package price below for all dives or individual fills may be required.

Rental Equipment	Mark 'X' or size if	AU\$ 3 Day Rate	AU\$ 4 Day Rate	AU\$ 7 Day Rate
Full Equipment Rental		\$ 120.00	\$ 160.00	\$ 245.00
Regulator & Dive Computer		\$ 45.00	\$ 60.00	\$ 90.00
Dive Computer Only		\$ 35.00	\$ 45.00	\$ 70.00
Buoyancy Control Device		\$ 45.00	\$ 60.00	\$ 90.00
Torch & Cyalume sticks		\$ 10.00	\$ 10.00	\$ 20.00
Wetsuit, 3mm & 5 mm steamer		\$ 30.00	\$ 40.00	\$ 60.00
Mask, snorkel, booties & fins		\$ -	\$ -	\$ -
PADI Advanced Course		\$ 265.00	\$ 265.00	\$ 265.00
PADI Nitrox Course (incl fills for trip)		\$ 295.00	\$ 295.00	\$ 295.00
Nitrox package (all dives on Nitrox)		\$ 75.00	\$ 105.00	\$ 180.00

It is a requirement that you also complete and return the document '**Cancellation Terms & Conditions of Travel**' 30 days or more prior to your trip date. Please request this document if you have not received it.

Signature: _____ Date: / /

Certification cards must be presented upon boarding.

Return fax: + 61 (0)7 4047 9110

Return email: info@spiritoffreedom.com.au



CANCELLATION TERMS & CONDITIONS OF TRAVEL

Please ensure you have read these Terms & Conditions for travelling aboard Spirit of Freedom. We require that you **return this form and the Diver/Snorkeller Information form**, signed by each participant, to your Booking Agent, when placing a confirmed booking.

Spirit of Freedom Pty Ltd will herewith be referred to as SOF

1. CANCELLATION POLICY 20% cancellation fee applies with 60-22 days notice 100% cancellation fee applies for 21 days or less notice	4a. PAY ON BOARD FEES - MARINE PARK LEVY A \$20.00 pp per trip fee (Environment Management Charge) applies to all passengers entering the Great Barrier Reef Marine Park, and is payable on board
2. TERMS SOF will endeavour to adhere to the scheduled itinerary, but reserve the right to alter the proposed itinerary or cancel the trip in the event of extreme weather conditions. Trip itineraries are subject to change at the sole discretion of the Master of the Vessel. In the event that a trip is delayed, or cut short due to weather, mechanical breakdowns, or medical emergency, fees will not be refunded. SOF will not be held financially responsible for an alternative trip or accommodation, any inconvenience incurred, or for adverse weather conditions or illness as a result. Trip fees will not be refunded should you be unable to board in time for the scheduled departure or be unable to complete all available dives.	4b. PAY ON BOARD FEES - FUEL LEVIES 3 Day Tour: \$30 per person 4 Day Tour: \$40 per person 7 Day Tour: \$70 per person Spirit of Freedom reserve the right to increase this levy without notice, in line with world-wide fuel increases. <i>*NOTE - All Online bookings through the Spirit of Freedom website will have these levies prepaid in booking confirmation.</i>
3. MEDICAL & TRAVEL INSURANCE All SOF passengers are <u>strongly advised</u> to purchase a comprehensive Travel Insurance policy that includes (i) Trip Cancellation insurance (ii) Lost/damaged personal belongings or equipment , due to any reason must be claimed on Travel Insurance. (iii) Evacuation & Medical cover for Scuba Diving. Please be aware that Scuba Diving and in-water activities are not covered by all Travel Insurance companies. <u>Please read the wording of your policy carefully.</u> NOTE: In a Medical Emergency any evacuation, vessel relocation or medical expenses are the financial responsibility of that diver. Divers Alert Network (DAN) www.diversalertnetwork.org & Dive Assure www.diveassure.com offer comprehensive insurance packages specifically for Scuba Divers.	5. LUGGAGE/ WEIGHT REQUIREMENTS Due to light aircraft flights, guests on the 3 and 4 day tours have a <u>total</u> luggage weight limit of 20 kilograms (45 lb) per person. Secure storage is available at the Spirit of Freedom office for excess luggage. 6. CHILD POLICY Minimum age is 10. All children must be accompanied by a parent at all times, including when diving or snorkelling. SOF does not supply child sized scuba equipment or wetsuits. 7. OTHER Certified divers must present a valid Certification Card and be equipped with a safety sausage, whistle and alternate air source (included in Hire Equipment package). Same gender cabin share is not guaranteed
	BOOKING DETAILS DATE OF DIVE TRIP: _____ TYPE OF DIVE TRIP: 3 DAY COD HOLE 4 DAY CORAL SEA 7 DAY COD HOLE & CORAL SEA (Please circle)

MEDICAL STATEMENT & DISCHARGE OF LIABILITY

DISCHARGE OF LIABILITY It is a fundamental condition of this contract between 'Spirit of Freedom Pty Ltd', and its directors, employees, agents and independent contractors (collectively and severally referred to as "SOF" on the one part and <small>(Your Name):</small> _____ on the other part, that to the extent permitted by law "SOF" is hereby discharged and indemnified by my/our executor(s), my/our administrator(s) and my/our dependent(s) from any liability for any damage, death or injury whatsoever arising out of, or incidental to, this diving trip and other services provided by "SOF", whether or not such damage or personal injury is caused or contributed to by "SOF". I acknowledge that I will be participating in activities, which are undertaken for the purposes of recreation and involve a significant degree of physical exertion or physical risk. I further acknowledge that I am aware of the risks of injury associated with my participation in this diving trip and agree to voluntarily assume such risk. I further acknowledge that the use of any equipment hired or loaned to me by "SOF" is entirely at my own risk. I shall return any such equipment in good order and shall be financially liable for any breakage, loss or deviations there from.	MEDICAL STATEMENT (Please circle YES or NO) 1. Are you medically & physically fit to dive and /or snorkel? YES/NO 2. Have you ever suffered any illness or injury that may affect your ability to dive or snorkel safely? YES/NO 3. Are you currently suffering or have ever suffered from illness or injury or condition relating to any heart or lung disorder, asthma, epilepsy or insulin-dependent diabetes or any other condition that is contraindicative to diving. YES/NO 4. Are you currently suffering from any illness or injury or condition, or taking any prescription medication (other than contraceptives). YES/NO If YES, please provide details of condition including Prescription Medication(s) Name and Dosage.
STATEMENT OF UNDERSTANDING By inserting my name on the Discharge of Liability and signing this form, I acknowledge that I have read, understood and accepted the Discharge of Liability, the Cancellation Terms & Conditions of Travel #1-#7, and agree to the Medical Statement.	DIVE MEDICAL REQUIREMENT If you answered YES to questions 2, 3, or 4 a current (less than 12 months) Dive Medical will be required to clear you to dive. It is important to advise SOF reservations at the time of booking, (or ASAP).
DATE: _____	SIGNATURE: _____ <small>(Your signature AND Parent/Guardian if under 18 years old)</small>
NAME: _____	WITNESS: _____

DOCTOR ONLY
IN ACCORDANCE WITH AS4005.1-1992

MEDICAL EXAMINATION: TO BE COMPLETED BY A REGISTERED MEDICAL PRACTITIONER

1 HEIGHT cm	2 WEIGHT kg	3 VISION R6/ L6/ Corr6/ Corr6/	4 BLOOD PRESSURE	5 PULSE			
6 URINALYSIS Albumen Glucose	7 RESPIRATORY FUNCTION TEST Vital capacity FEV ₁ Percentage		8 CHEST X-RAY (if indicated) Date Place Result				
9 AUDIOMETRY (air conduction)							
If abnormal, enter in diver's logbook, on certificate, or both							
Frequency, Hz	500	1000	2000	4000	6000	8000	Rinne:
Loss in dB, (R)							Weber:
Loss in dB, (L)							
Clinical examination/assessment			Normal	Abnormal	Notes on abnormalities		
10 Nose, septum, airway							
11 Mouth, throat, teeth, bite							
12 External auditory canal							
13 Tympanic membrane							
14 Middle ear auto-inflation							
15 Neurological - Eye movements - Pupillary reflexes - Limb reflexes - Finger - nose - Sharpened Romberg							
16 Abdomen							
17 Chest hyperventilation							
18 Cardiac auscultation							
19 Other abnormalities							
20 Other investigations							

Fit to dive Yes Advice put on certificate:

 No – Temporary Reason:

 No – Permanent Reason

Name (Print or stamp) _____

Signed _____ Date _____

Medical Benefits refund and/or medical rebate is not permissible, by law, for this examination. Issue of any item number which allows the candidate to claim such benefit will result in the physician being guilty of medifraud.