Olympus Dive Center
Travel Trip Waiver

Destination: Florida Springs
(Nov. 13-15, Dec. 4-6, 2026 & Jan. 15-18, Feb. 5-8, March 19-21, April 16-18, 2027)

Address: _____

City: _____ State: _____ Zip: _____

Phone (Cell): _____ (Home): _____

Email Address: _____

Birth Date: _____ Age: _____

Name of Family Physician: _____ Phone: _____

Dive or Travel Insurance: _____ Policy #: _____

Nearest Relative Not on Trip: _____ Phone: _____

SKIN & SCUBA divers please complete: Do you have any medical history, medical condition or medical impairment which would make diving or other underwater activities dangerous or hazardous or expose you to exceptional risk, or requires special attention or medication (i.e. rare blood type, asthma, heart problems, diabetes, etc.)
Yes: _____ No: _____

I am a: (A) Non Diver (B) Student (C) Novice (D) Experienced (E) Expert Diver (Circle One)

Certified Scuba Diver: Yes / No Logged Dives: _____ Cert Level: _____

Where have you previously Dived: _____

Date of Last Dive:_____ Agency & Certification #: _____

Olympus Dive Center – 713 Shepard Street, Morehead City, NC 28557
Phone: (252) 726-9432
Email: info@olympusdiving.com Website: OlympusDiving.com

We highly recommend Travel and Dive Accident Insurance

Olympus Dive Center
Travel Trip Waiver (Continued)

PLEASE READ BEFORE SIGNING!

Remoteness of areas, local custom, or prevailing weather conditions may cause substitution of facilities and/or equipment, minor inconveniences or modification to the diving portions of the program itinerary. OLYMPUS DIVE CENTER reserves the right to modify and/or cancel diving arrangements due to unfavorable weather conditions and to substitute comparable equipment. No refunds can be made for cancelled diving arrangements due to adverse weather, or for substitution of facilities and/or equipment or for services or goods provided in the itinerary should such services or goods not be utilized by tour members. All participants agree to comply with any reasonable term or regulation that OLYMPUS DIVE CENTER may prescribe during the course of the program. OLYMPUS DIVE CENTER reserves the right to deny an applicant for any reason.

RELEASE OF LIABILITY

Applicant certifies the statements made on the foregoing application regarding experience are correct and Applicant understands that acceptance on this trip is predicated on Applicant's presentation that he/she is physically fit to engage in ocean SCUBA diving and has had sufficient training to engage in ocean SCUBA diving and understands the risks involved and willingly assumes all risks whether foreseen or unforeseen.

It is understood that OLYMPUS DIVE CENTER is a North Carolina Corporation and is independent of and has no business association, as partner, joint venture, owner or otherwise, with any resort, hotel carrier, boat operator, or other person or firm furnishing any service or facility in connection with the subject travel program.

It is expressly understood and agreed that OLYMPUS DIVE CENTER assumes no responsibility or liability for service, transportation, or equipment made available by any resort, hotel or other person, either as to its availability or as to its safety, quality or condition, nor for the acts of any employee or agent of such establishment. It is also understood and agreed that OLYMPUS DIVE CENTER does not by acceptance of this Applicant, assume any responsibility or liability for the safety of any participating individual, particularly while such individual is engaged in underwater activities whether alone or in groups, under the supervision of a tour escort, or otherwise. The tour escort is not acting in the capacity of instructor unless specifically indicated.

Each of the undersigned further agree that in consideration of the price at which said program is offered and conducted and the good and valuable consideration and in order to induce OLYMPUS DIVE CENTER to accept the Applicant under the age of majority, to release OLYMPUS DIVE CENTER, and its owners, operators, instructors, employees or other agents, from damages resulting from death or personal injuries, including loss of services which the undersigned may sustain on account of, or in connection with said program including ownership, maintenance, use or operation of any automobile, ship, airplane, boat, hotel or common carrier.

It is also understood that OLYMPUS DIVE CENTER has not purchased insurance that would cover individuals in case of accident, injury, death, property damage or loss of services. **Travel and dive accident insurance is recommended.**

The undersigned also agree and realize that an emergency medical situation may arise and hereby provide written authorization to OLYMPUS DIVE CENTER and its employees or representatives, to provide emergency medical care, or necessary evacuation, and agree to hold such parties harmless and indemnify them for any such action taken on behalf of the undersigned and the costs incurred thereof. The undersigned agrees that this Release of Liability also binds the spouse, family, heirs and legal representatives of the undersigned.

By signing below, the undersigned signify that they **have carefully read** the foregoing RELEASE OF LIABILITY and all information and conditions contained on the reverse side hereof and agree to all those terms and conditions.

Date Signature of Applicant Name (Print)

Date Parent Signature of Minor (if applicable) Name (Print)