

DIVING GEAR (Please circle or note any preferences below)

Rental Gear Requests - SPECIFIC ITEMS and SIZES Required (S, M, L, XL) Please add a check to the items & sizes requested.

BCD	S / M / L / XL.
BOOTS & HOODS	
DIVE COMPUTER	
FINS	Size:
REGULATOR WITH OCTOPUS AND CONSOLE	
WETSUIT 7mm (full length)	S/ M / L / XL / XXL / XXXL.
15L Steel Tank	
MASK (frameless)	S / M / L
LANTERN (limited number of Novalight (per day)	
GLOVES 1.5 mm Tropic (only for sale)	
FULL KIT EQUIPMENT	
NITROX Course	

TRAVEL PLANS TO BALTRA - GALAPAGOS

Date arriving to Baltra. DD/MM/YYYY:	Arriving to Baltra from Quito (UIO) or Guayaquil (GYE)
	Returning to Quito (UIO) or Guayaquil (GYE) from Galapagos
Arrival to Baltra	Hotel the night prior to cruise departure (hotel,name,city) Required :

MEDICAL INFORMATION Medical fitness

Do you have any medical history, condition, or physical impairment that DivEncounters should be aware of, or are you currently taking any prescription or other medication that may affect you directly or indirectly (via side effects) while participating in activities aboard or based from the vessel? Yes No Note: If yes, please describe in the space provided in the medication or condition and its effects.

Note: If yes, please describe in the space provided below, or on a separate piece of paper, the medication or condition and its effects, as well as what procedures must be followed by the crew should you fail to take your medication for any reason and/or a doctor's note clearing you to dive. In some cases, a clearance letter from your doctor may be required.

Explain:

DIVER SIGNATURE PAGE

Booking Terms and Cancellation Guidelines

This booking form must be fully completed by each passenger as well as the Liability Release initialed and signed, and both returned to M/Y Galaxy Diver. Herewith you confirm you know and agree with the policies, terms and conditions of M/Y Galaxy Diver. The Assumption of Risk, Liability Release and Indemnity is an integral part of this application.

I certify that the following statements are truthful, to the best of my ability: (your initials below)

- I am a certified diver and I am aware of the inherent risks involved in diving remote destinations with compresses air or Nitrox
- I have no medical reasons that would prohibit me from diving.
- I do not take any medications that are contraindicated with diving.
- I am in good mental and physical health.
- I will, at all times, exercise due care and caution, both onboard the vessel and on shore.
- I will obey all crew instructions, boat rules and government regulations.
- I will not dive under the influence of alcohol or drugs.
- I will not dive beyond my training or ability.
- I will listen to dive briefings and follow my dive guide's instructions.
- I will not exceed the depths of time limit of planned dives.
- I will ascend no faster than 30 ft (10 mt) per minute and will do a safety stop on ascent.
- I will adhere to the buddy system while diving, including a buddy gear check.

____ It is my responsibility to inspect all of my equipment to make sure it is in good working order, whether or not my equipment is mine
____ I agree to notify my dive guides if my equipment is not in good order.

I understand the statements above and commit to adhering to all statements above:

Name: _____ Printed _____

Signature: _____

Cruise Date: _____	Date of Signature: _____
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