



A Boutique Lifestyle Dive Resort  
**Kasawari Lembeh Resort**

PT. Aquasports Indonesia, Desa Jico Aras, Lingk 1, Kelurahan Makawidey Kecamatan Aertembaga, Bitung, North Sulawesi, Indonesia ,95528  
E-Mail : info@kasawari-lembeh.com www.kasawari-lembeh.com

This application is to be filled by each guest joining Kasawari Lembeh Resort and participating in diving activities.

**Personal information**

Mr.  Mrs.  Master  Ms.

Given name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country of resident \_\_\_\_\_ Nationality \_\_\_\_\_

Passport number \_\_\_\_\_ Expire date \_\_\_\_\_ Weight/Height \_\_\_\_\_  Kg.  lb. \_\_\_\_\_  cm  ft

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ States \_\_\_\_\_ Country \_\_\_\_\_ Tel. \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_ Mobile phone \_\_\_\_\_

\_\_\_\_\_

**Do you have trip cancellation insurance ?**  Yes  No Name of the insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Do you have diver insurance ? If " Yes which agency? \_\_\_\_\_ Policy number \_\_\_\_\_

**Diving Ability**

Certified diver  Yes  No  Nitrox Diver  UW Videographer/Photographer Diver

Level of Certification \_\_\_\_\_

Scuba certification agency \_\_\_\_\_ if you are instructor please give No. \_\_\_\_\_

Number of dives \_\_\_\_\_ Last dive, When? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Diving ability  Beginner  Intermediate  Advance  Expert

**Medical Information**

Name of physician \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Incase of emergency, notify \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Blood group \_\_\_\_\_ Drug Allegies ( please specify) \_\_\_\_\_

The following information is intended for use in an emergency. You are solely responsible to determine your medical and physical fitness to diver or engage in diving. If you have any questions concerning your medical or physical fitness, we recommend you consult your personal physician. Please check any of the following items that apply to your past medical history or present medical condition.

- |                                                                          |                                                |                                                                 |
|--------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Physical disability                             | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Epilepsy                               |
| <input type="checkbox"/> Hepatitis                                       | <input type="checkbox"/> Pregnant              | <input type="checkbox"/> Behavioral health problem              |
| <input type="checkbox"/> Regular Medication                              | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Decompression sickness related illness |
| <input type="checkbox"/> Drug Allergies                                  | <input type="checkbox"/> Back/spinal surgery   | <input type="checkbox"/> Lung surgery                           |
| <input type="checkbox"/> Rejected from any activity for a medical reason | <input type="checkbox"/> Heart surgery         | <input type="checkbox"/> Trouble equalizing pressure            |
| <input type="checkbox"/> bronchitis                                      | <input type="checkbox"/> Heart trouble         | <input type="checkbox"/> Asthma                                 |

In case of a medical emergency, I authorize the staff of Kasawari Lembeh Resort to administer first aid or get proper medical attention if necessary. I understand that the nearest operational recompression chamber may be many hours away and may require air evacuation. The time involved with boat Land and airport transfer poses additional risk to my personal safety. I voluntarily accept this additional risk and am fully prepared to pay all expenses related to evacuation and recompression chamber treatment should it be deemed necessary by myself or by a staff member of Kasawari Lembeh Resort or medical personnel. I hereby certify that all the information above is true and correct.

Singature \_\_\_\_\_ Date \_\_\_\_\_

Rental : BCD \_\_\_\_\_ Size XL L M S XS Regulator \_\_\_\_\_ Dive Computer \_\_\_\_\_ Mask & Snorkel \_\_\_\_\_ Fins size \_\_\_\_\_

Dive Light \_\_\_\_\_ Regulator Full Set \_\_\_\_\_ Wetsuite Size \_\_\_\_\_ Weights \_\_\_\_\_ lbs

**RELEASE OF LIABILITY & RESPONSIBILITY AGREEMENT FORM**



I certify that the statements made by me in the PT Aquasports Indonesia Application set forth above concerning my personal information, diving experience, and medical information are correct and truthful in all respects. I understand and agree that PT Aquasports Indonesia accepts no responsibility whatsoever for detaining my physical fitness to engage in snorkeling, scuba diving, or any other physical activities in which I may participate in connection with the trip for which I have applied. I acknowledge and agree that it is my responsibility to determine, through a thorough medical examination or consultation with my personal physician, my physical fitness for this trip.

I further certify that I have informed myself of and fully understand the risks inherent in snorkeling, scuba diving and other open water activities, and travel to and from dive sites and I expressly assume all risks involved in such activities.

I expressly understand and agreed that PT Aquasports Indonesia, the Kasawari Lembeh Resort owner and operator and their officers, directors, shareholders, agents, employees and affiliated companies (hereinafter collectively referred to as "RELEASED PARTIES"), assume no responsibility or liability for service, transportation or equipment made available by any airline, travel or booking agency, resort, hotel or other such entity, as to availability or safety, quality or condition, nor for the acts of any employee or agent of such entity.

I understand and agree that the RELEASED PARTIES do not accept or assume any responsibility or liability for my safety, freedom from accident or injury that may arise or result, directly or indirectly, from activities in which I engage during my stay at Kasawari Lembeh Resort.

I understand and agreed that PT Aquasports Indonesia reserves the right to deny my application for any reason whatsoever. I further agree that, in consideration of being allowed to participate in the diving activities for which I have applied and other activities that may be available in connection with my stay, I hereby waive, release, and absolve the Released Parties of and from any all liability and responsibility for personal injury, property loss, death, and any and all other damages that I may sustain in connection of or arising out of my participation in any activities during my stay at Kasawari Lembeh Resort and other activities made available in connection therewith, whether such injuries, losses or damages result from negligence, products liability, strict liability, unseaworthiness of the vessel, or fault of any of the RELEASED PARTIES. I further agreed to defend, indemnify, and hold harmless the RELEASED PARTIES from any claim or lawsuit by myself or anyone acting on my behalf for any such personal injury, property loss, death, or other damages.

I further understand that remoteness of the area, local custom and prevailing weather conditions may cause substitution of facilities and/or equipment, and minor inconvenience or modification to the diving portions of the program itinerary, and PT Aquasports Indonesia reserves the right to modify and/or cancel diving arrangements due to unfavorable weather conditions and to substitute comparable facilities and equipment. In the event of equipment failure, acts of gods, natural disasters, unavailability of hour due to strikes, lockouts, political or labor disturbances or the like, PT Aquasports Indonesia reserves the right to cancel the bookings and to refund all deposits. No refunds can be made for cancelled diving arrangements due to adverse weather or acts of God, or for substitution of facilities and/or equipment or for minor inconvenience once the guests arrived at the resort and checked in. PT Aquasports Indonesia is not responsible and has no liability for cancellations arising from wars, riots, or other incidents.

I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or enforceable in any respect, such invalidity or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid or unenforceable provision had never been contained herein.

I have read the terms and conditions set forth above in their entirety and I understand them and accept them unconditionally. I further agree to observe strictly and comply with any additional reasonable terms and regulations as the RELEASED PARTIES make from time to time. I further agree to observe strictly and comply with any additional reasonable terms and regulations as the RELEASED PARTIES may from time to time deem desirable or needful or prescribe during the course of the program.

**JURISDICTION AND APPLICABLE LAW:** All claims against PT Aquasports Indonesia arising under, in connection with, or incident to this agreement shall be determined according to the laws of Indonesia and shall be adjudicated in the courts of Indonesia, to the exclusion of the courts of any other countries.

Application name \_\_\_\_\_ Signature \_\_\_\_\_

Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_

(If under 18 year old)

PTAQ/RL/RA \_\_\_\_\_ Date \_\_\_\_\_

(DD/MM/YY)