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## **Travel Agreement**

rev 11/8/2016

## Please Read, Complete and Return Mail to: 4501 Fairway Ave, North Little Rock, Arkansas, 72116 or FAX to: 501-812-0007

Destination: Turneffe Island Resort, Beli Dates of travel: September 2-9, 2017	ize www.turneffereso	rt.com
Name: Please print your full name (including middle) as it	it appears on your Passport <i>(Passpor</i>	t required for all destinations)
Address:		
City:	State:	Zip:
Phone: Cell) Wk)	Hm)	
Email)	Date of Birth month	/ / / gear
Passport #	<u>k)</u>	
<b>Deluxe Guestroom:</b> Cash or Check Rate- <u>\$3579.00</u> Regular Rate: <u>\$3686.37</u>	Superior Guestroom (only 8 spaces available) Cash or Check Rate- <u>\$3859.00</u> Regular Rate: <u>\$3974.77</u>	
Above subject to change until ticketed (includes		
DEPOSIT: \$750.00 (Non-refundable)(Travel insurance available and highly recommended!))		
SCHEDULED PAYMENT: <u>February 28, 2017</u> : <u>\$1500.00</u> (Non-refundable)		
FINAL PAYMENT DUE DATE:  June 30, 2017: Balance based on guestroom choi	<u>ice</u>	
Please note the payment structure regarding deposits according dates. This schedule is necessary to ensure a remember all deposits and payments are completely until deposit is received. Please affix your signature statistructure and cancellation notice.  Please protect your investment. Travel insurance is available.	premium travel opportunity at the non-refundable. All reservations a ing that you understand and agree v	best value pricing. Please are not considered confirmed with the above payment
Signature:	Date:	



## TRAVEL AND EXCURSIONS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.		
1.	, hereby affirm I am voluntarily engaging in the recreational activities planned for my	
Participant Name		
trip to Turneffe Island Resort	, which activities may include, but are not limited to, scuba diving	
inherent risks which may result in serious injury	If I engage in scuba diving, I affirm that I am a certified diver or a of a certified scuba instructor, and that I am aware that skin and scuba diving have or death. I certify that I am fully aware of and expressly assume all risks involved in	
scuba diving, snorkeling, boating and NA	<u> </u>	
	reme Dive & Travel, Inc., nor PADI Americas, Inc. nor its affiliate or subsidiary	
"Released Parties") may be held liable or responsib	agents, contractors or assigns of the above listed entities (hereinafter referred to as ole in any way for any injury, death or other damages to me my family, estate, heirs or on in this trip or as a result of the negligence of any party, including the Released Parties,	
sent of my parent or guardian. I understand the termy own free act and with the knowledge that I here	mpetent to sigh this Liability Release Agreement, or that I have obtained the written con- ms herein are contractual and not a mere recital, and that I have signed this Agreement of by agree to waive my legal rights. I further agree that if any provision of this agreement is shall be severed from this agreement. The remainder of this agreement will then be con- never been contained herein.	
ciaries may have to sue the Released Parties resul	o my right to sue the Released Parties but also any rights my heirs, assigns, or benefi- lting from my death. I further represent I have the authority to do so and that my heirs, ming otherwise because of my representations to the Released Parties.	
l,	, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE	
FOR PERSONAL INJURY, PROPERTY DAMAGE	HER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.	
	IRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK	
Participant Signature	Date (Day/Month/Year)	
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)	