



Travel Agreement

Please Read, Complete and Return

Mail to: 4501 Fairway Ave, North Little Rock, Arkansas, 72116 or FAX to: 501-812-0007

Destination: **Cayman Brac, BWI, Brac Reef Resort** out of Little Rock

Dates of travel: **August 11-18, 2018**

Name: _____
Please print your full name (*including middle*) as it appears on your Passport (*Passport required for all destinations*)

Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell) _____ Wk) _____ Hm) _____

Email) _____ Date of Birth _____ / _____ / _____
month day year

Passport # _____ Passport expiration date _____

Cash/Check Discount Rate-**\$2579.00** Diver **\$2329.00** Non-Diver out of Little Rock

Regular Rate: **\$2656.37** Diver **\$2398.87** Non-Diver

Above subject to change until ticketed with deposit (includes instant purchase tickets)

Deposit Amount: **\$500.00 (Non-refundable)(Travel insurance available)**

FINAL PAYMENT DUE DATE: June 6, 2018

Please note the payment structure regarding deposits, installment payments and final payments with their according dates. This schedule is necessary to ensure a premium travel opportunity at the best value pricing. **Please remember all deposits and payments are completely non-refundable.** All reservations are not considered confirmed until deposit is received. Please affix your signature stating that you understand and agree with the above payment structure and cancellation notice.

Please protect your investment travel insurance is available at your request and always highly recommended.

Signature: _____ Date: _____



TRAVEL AND EXCURSIONS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____, hereby affirm I am voluntarily engaging in the recreational activities planned for my
Participant Name
trip to Cayman Brac BWI, which activities may include, but are not limited to, scuba diving,
snorkeling, boating and _____. **If I engage in scuba diving, I affirm that I am a certified diver or a
student diver under the control and supervision of a certified scuba instructor, and that I am aware that skin and scuba diving have
inherent risks which may result in serious injury or death.** I certify that I am fully aware of and expressly assume all risks involved in
scuba diving, snorkeling, boating and _____.

I understand and agree that neither Ocean Extreme Dive & Travel, nor PADI Americas, Inc. nor its affiliate or subsidiary
Trip Organizer
corporations, nor the owners, officers, employees, agents, contractors or assigns of the above listed entities (hereinafter referred to as
"Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me my family, estate, heirs or
assigns that may occur as a result of my participation in this trip or as a result of the negligence of any party, including the Released Parties,
whether passive or active.

I further state that I am of lawful age and legally competent to sign this Liability Release Agreement, or that I have obtained the written con-
sent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of
my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this agreement is
found to be unenforceable or invalid, that provision shall be severed from this agreement. The remainder of this agreement will then be con-
strued as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or benefi-
ciaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs,
assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE
Participant Name
LISTED ENTITIES AND/OR INDIVIDUALS, WHETHER SPECIFICALLY NAMED OR NOT, FROM ALL LIABILITY AND RESPONSIBILITY
FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO,
PRODUCT LIABILITY OR THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK
AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)