Ocean extreme
Dive & Travel Center, Inc.
4501 Fairway Avenue, North Little Rock, AR 72116 | 501-812-0006 | www.oceanextreme.com

Travel Agreement

Please Complete and Return

email to: mail@oceanextreme.com

Destination: **True Blue Bay Resort, Grenada (R/T airfare included out of Little Rock)**

Dates of travel: **January 23-31, 2027 (Sat-Sun)(Note this trip departs Saturday returns on Sunday)**

Name: _____

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

Address: _____

City: _____State:_____Zip:_____

Phone: Cell)_____ Daytime)_____

Email)_____ Date of Birth_____

Passport #_____ Passport expiration date_____

Cash/Check Discount Rate-$3079.00 P/P (double occ)**
Credit Card Rate (+3%) -$3172.00 P/P (double occ)**
****Single Supplement add $1003.00**
NO Airfare - Cash/Check Discount Rate: $2386.00 P/P (double occ)**
NO Airfare - Credit Card Rate (+3%) -$2458.00 P/P (double occ)**
Non Diver - $540.00 less on above rates

IMPORTANT!Check your passport! Your passport cannot expire prior to July 31, 2027 to be valid for this trip.

Deposit Amount: ***$750.00*** **(Non-refundable) (Travel insurance available and always recommended)**

FINAL PAYMENT DUE DATE: *December 7, 2026*

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.** 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:**_____

10/27/2026

Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

TRAVEL AND EXCURSIONS

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including Ocean Extreme Dive & Travel Center, Inc and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Ocean Extreme Dive & Travel Center, Inc and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, participant name, hereby affirm I am voluntarily engaging in the recreational activities planned for my trip to Grenada, which activities may include, but are not limited to, scuba diving, snorkeling, boating and other activities. 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 other activities in which I choose to participate.

I understand and agree that neither Ocean Extreme Dive & Travel Center, Inc, nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties,") may be held liable or responsible in any way for any occurrence on this trip which may result in personal injury, property damage or wrongful 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 consent 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 construed 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 beneficiaries 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, and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, participant name, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE ALL THE ABOVE 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 NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)