

## Sharkfest 2010 Reservation Form

Name (As it appears in your passport): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Optional contact info:

FaceBook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Other Networks: \_\_\_\_\_

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T-shirt size: S( ) M( ) L( ) XL( ) 2XL( )

Sex: ( ) F ( ) M Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are You Physically Fit? \_\_\_\_\_

Diving Certification Level: \_\_\_\_\_ Number of logged dives: \_\_\_\_\_

Shark Diving Experience: \_\_\_\_\_

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Food Allergies or Restrictions? \_\_\_\_\_

Do you have any Medical Conditions? \_\_\_\_\_

Are you taking any medication? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**ANDY MURCH / ELASMODIVER.COM PAYMENT POLICIES**

- Full payment is required within 14 calendar days of receipt of this reservation form.
- Payments received after 14 days will be processed provided there is still room on the trip.
- Payment must be sent in the form of a check or bank draft accompanying this signed reservation form.

**CANCELLATION POLICIES**

- **No Exceptions, all cancellations MUST be made in writing.**
- Cancellations made more than 60 days prior to departure date will receive a refund (less an administrative fee of \$200 USD per person) if we manage to rebook the space and the trip is full.
- Cancellations made within 60 days of departure date will not be refunded, therefore **we strongly recommend** all guests purchase trip insurance. [www.insuremytrip.com](http://www.insuremytrip.com)

**TRAVEL INSURANCE**

**WE STRONGLY RECOMMEND** that each guest purchase comprehensive accident, medical, baggage and trip cancellation/interruption insurance. Even though we have had great success in the past with our expeditions, understand that these are wild animals and there is no guarantee that you will see any sharks. Every encounter is different and last only as long as the sharks permit. Please note that if a guest chooses not to purchase trip insurance, we will **NOT BE RESPONSIBLE FOR ANY FINANCIAL DISAPPOINTMENTS CAUSED BY REASONS BEYOND OUR CONTROL**. In the event that it be deemed necessary for Andy Murch / Elasmodiver or our host Diving Operator to cancel or interrupt an expedition due to weather or any “Act of God” which is beyond our control, there will be **NO** refund or credit issued. Diving accident Insurance is also highly recommended.

I HAVE READ THE ENTIRE PAYMENT AND CANCELLATION POLICIES, I UNDERSTAND THEM, AND I AGREE TO BE BOUND BY THEM.

Signed on this date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Waiver and release of Liability  
Assumption of Risk and Indemnity Agreement**

Initial on each line please.

In consideration for permitting me, \_\_\_\_\_, to participate  
in this shark diving activity on, \_\_\_\_\_, I hereby acknowledge:

\_\_\_\_\_ I am a certified scuba diver, \_\_\_\_\_ Agency

\_\_\_\_\_ I understand that diving while under the influence of alcohol or drugs is dangerous  
and I will not dive while under the influence of drugs or alcohol

List of current medications I am taking \_\_\_\_\_

\_\_\_\_\_ Scuba Diving is a potentially dangerous activity and involves the risk of serious  
injury and/or death, and/or property damage.

\_\_\_\_\_ Diving with sharks has additional, potentially dangerous hazards and involves the  
risk of serious injury and/or death, and/or property damage.

\_\_\_\_\_ I hereby release, waive and agree not to sue Andy Murch, Elasmodiver, their  
owners, employees and representatives; host shark diving operator, owners of the host  
shark diving operation, crew, divemasters, employees, and their agents; from all liability  
to myself, my personal representatives, assigns, heirs and next of kin for any and all loss  
or damage, and any claim or demands therefore on account of injury to my person or  
property or resulting in my death, now and forever, arising out of or related to  
participation in shark diving activities, whether caused by the negligence of the releasees  
or otherwise.

\_\_\_\_\_ I hereby assume full responsibility for any risk of bodily injury, death, or property  
damage, now and forever, arising out of or related to participation in shark diving  
activities whether foreseen or unforeseen and whether caused by the negligence of the  
releasees or otherwise, I hereby separately agree to indemnify and save and hold harmless  
the releasees from any loss, liability, damage or cost that they may incur, now and  
forever, arising out of or related to participation in shark diving activity

I HAVE READ THIS ENTIRE RELEASE AGREEMENT, I UNDERSTAND IT, AND I  
AGREE TO BE BOUND BY IT.

Signed on this date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Andy Murch / Elasmodiver P.O.Box 8719 Stn Central, Victoria, BC. V8W 3S3 Canada  
Canadian Tel:250-588-8267 US cell: 201-779-3501 [elasmodiver@gmail.com](mailto:elasmodiver@gmail.com)

The following model release is appreciated but is completely optional. The release refers to images taken by Photographer Andy Murch during the trip. Images from Sharkfest are likely to be used to promote subsequent festivals but may also be used as stock images for other purposes.

### Andy Murch Model Release Form

I, \_\_\_\_\_, do hereby give **Andy Murch**, his assignees, licensees, and legal representation the irrevocable right to use my image(s) in all forms and media in all manners, including composite or digital representations, for advertising, trade, video documentaries or any other lawful purpose. I waive any rights to inspect or approve the finished product, including written copy that may be created in connection therewith.

**I am of full age (18 years or over), I have read this release and fully understand its contents.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Consent

**(If model is under the age of 18) I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the forgoing and waive any rights in the premises.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Minor Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_