



**HAMPTON DIVE CENTER**  
369 Route 24 (Flanders Rd.)  
Riverhead, NY 11901

Phone: (631) 727-7578  
[www.hamptondive.com](http://www.hamptondive.com)  
[scuba@hamptondive.com](mailto:scuba@hamptondive.com)

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Each participant must fill out, sign and return this contract with appropriate deposit to reserve space on the foregoing trip. **Airline, hotel and diving arrangements will not be confirmed until this form is returned with deposit.** Trip rates are based on double occupancy. Single travelers may require single supplement fees. If Hampton Dive Center (HDC) is providing air travel and does not have a copy of your current passport, you must provide one.

Participant Contract for trip to: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Please provide the following information:

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Please initial *each item* below:

\_\_\_\_\_ If I do not have a roommate, I understand that a single supplement fee will be added to my trip cost. This cost will be deducted if a compatible roommate signs up for the trip. HDC does not guarantee roommates.

\_\_\_\_\_ One-third of the total trip price is due as a deposit.

\_\_\_\_\_ One-third of the trip price is due no later than 90 days prior to departure.

\_\_\_\_\_ Trip balance is due no later than 45 days prior to departure.

\_\_\_\_\_ There are no refunds. Funds can not be transferred to other trips or become store credit.

\_\_\_\_\_ I understand that I am responsible for checking and maintaining my SCUBA equipment according to manufacturer standards. I release Hampton Dive Center from any liability for my gear.

\_\_\_\_\_ I understand that I am responsible for maintaining an up-to-date passport and will provide it to HDC no later than 60 days prior to departure.

\_\_\_\_\_ I have consulted with my physician and I verify that I am physically, mentally, and emotionally fit for SCUBA diving.

Please initial *one* of the the following choices:

\_\_\_\_\_ Hampton Dive Center will be supplying air travel.

\_\_\_\_\_ I will be supplying my own air travel.

**If you are diving, you must have dive insurance.** Companies such as Divers Alert Network and DiveAssure can help you with this. Trip insurance can also be purchased from them.

Please provide the following information:

Emergency contact name & phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Certifying Agency & Level: \_\_\_\_\_

Dive Insurance #: \_\_\_\_\_ Number of Dives: \_\_\_\_\_

Comments: \_\_\_\_\_

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (required for passengers under 18 years old): \_\_\_\_\_