SPACE COAST DIVE CENTER

TRIP PARTICIPANT AGREEMENT

DESTINATION: Philippines (Liveaboard & Resort Combo)

DATES: January 2, 2027 – January 16, 2027

HOST: Space Coast Dive Center

1. TRAVELER INFORMATION

(Please complete strictly as it appears on your Passport)

Full Legal Name:

_____

Date of Birth: _____

Email Address:

_____

Phone Number:

_____

Dietary Restrictions/Allergies:

_____

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2. PAYMENT SCHEDULE

Please select the package you are booking. To secure your reservation, the following payment schedule applies. Failure to meet these deadlines may result in cancellation and forfeiture of funds.

[ ] OPTION 1: FULL COMBO (Liveaboard & Resort)

Includes Transfers & Nitrox

- **Total Cost:** $7,129.00
- **DEPOSIT:** $500.00 due upon booking (Non-Refundable)
- **PAYMENT 2:** $2,209.67 due by **March 31, 2026**
- **PAYMENT 3:** $2,209.67 due by **June 29, 2026**
- **FINAL BALANCE:** $2,209.67 due by **October 27, 2026**

[ ] OPTION 2: LIVEABOARD ONLY

Includes Transfers & Nitrox

- **Total Cost:** $3,858.00
- **DEPOSIT:** $500.00 due upon booking (Non-Refundable)
- **PAYMENT 2:** $1,119.33 due by **March 31, 2026**
- **PAYMENT 3:** $1,119.33 due by **June 29, 2026**
- **FINAL BALANCE:** $1,119.33 due by **October 27, 2026**

[ ] OPTION 3: RESORT (LAND) ONLY

Includes Transfers & Nitrox

- **Total Cost:** $3,330.00
- **DEPOSIT:** $500.00 due upon booking (Non-Refundable)
- **PAYMENT 2:** $943.33 due by **March 31, 2026**
- **PAYMENT 3:** $943.33 due by **June 29, 2026**
- **FINAL BALANCE:** $943.33 due by **October 27, 2026**

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3. CANCELLATION & REFUND POLICY

By signing below, you acknowledge the **Strict Cancellation Terms** imposed by the Liveaboard and Resort operators for this specific trip. **PLEASE NOTE: The Liveaboard portion carries a 100% penalty starting 9 months prior to departure.**

- **Cancel 271+ Days Prior (Before April 6, 2026):**
  Full refund minus the Non-Refundable Deposit.
- **Cancel 270 Days or Less (After April 7, 2026):**
  100% NON-REFUNDABLE. Due to the strict terms of the *Atlantis Azores* Liveaboard charter, no refunds can be issued for any reason after this date.

Exceptions cannot be made for illness, work conflicts, or flight cancellations. Travel insurance is critical.

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4. MANDATORY TRAVEL INSURANCE

Unlike other destinations, **Medical and Dive Accident Insurance is MANDATORY** for all liveaboard charters in the Philippines. Trip Cancellation Insurance is strongly recommended to protect your investment against the strict penalties above.

Please initial to acknowledge:

[_____] **I UNDERSTAND** that valid Dive & Medical insurance (e.g., DAN, DiveAssure) is **REQUIRED** for this trip. I agree to provide proof of insurance to Space Coast Dive Center prior to departure.

[_____] I **WILL / WILL NOT** (Circle one) purchase additional **Trip Cancellation Insurance**. I understand that if I decline cancellation coverage, I am fully liable for all non-refundable costs (up to 100% of the trip cost) should I need to cancel after April 7, 2026.

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5. PASSPORT & DOCUMENTS

- I verify that my passport is valid for at least **6 months BEYOND** the return date of this trip (Valid until at least July 16, 2027).
- I understand that the name provided above matches my passport **EXACTLY**.
- I accept financial responsibility for any fees or denied boarding resulting from name discrepancies.

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6. PAYMENT METHOD SELECTION

Please select how you would like to handle your scheduled trip payments:

[ ] **OPTION A: Automatic Auto-Pay.** Please charge my credit card on file automatically on the due dates listed in the schedule. I do not need to take any action.

[ ] **OPTION B: Manual Payment (with Backup).** I will pay via cash, check, or online portal on or before the due dates. However, if payment is not received by the due date, I authorize Space Coast Dive Center to charge the credit card on file to ensure my reservation is not cancelled.

Card Information for Security/Billing:

Name on Card: _____

Last 4 Digits: _____

Billing Zip Code: _____

Authorized Signature: _____

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7. AGREEMENT & SIGNATURE

By signing below, I acknowledge that I have read, understood, and agree to the Payment Schedule, the **Strict Cancellation Policy** (specifically the 100% penalty after April 7, 2026), and the requirement for mandatory insurance.

Participant Name (Print):

_____

Participant Signature: _____

Date: _____

(If participant is under 18)

Parent/Guardian Signature:

_____