

# BOOKING APPLICATION

## For Bilikiki Cruises Ltd

Please send your completed form by email  
attachment, fax or post to  
**BILIKIKI CRUISES**

A division of 1702803 Ontario Inc.  
PO Box 656 Iroquois Falls ON P0K 1G0 CANADA  
FAX: 253 484 7102 bilikiki@bilikiki.com

Bilikiki Cruises Ltd. must receive a complete and signed copy of this application  
with each booking for each passenger in order to confirm the booking.

PLEASE PRINT

CRUISE DATES: \_\_\_\_\_ MV Spirit of Solomons  MV Bilikiki

\_\_\_\_\_  
FULL NAME AS SHOWN ON PASSPORT

\_\_\_\_\_  
BIRTHDATE

\_\_\_\_\_  
SEX

\_\_\_\_\_  
NAME COMMONLY USED (IF DIFFERENT)

\_\_\_\_\_  
NATIONALITY

\_\_\_\_\_  
PASSPORT EXPIRY DATE

\_\_\_\_\_  
ADDRESS

**Passport must be valid for 6 months after travel dates.**

\_\_\_\_\_  
CITY, STATE/PROV., ZIP/POSTAL CODE

\_\_\_\_\_  
IN CASE OF EMERGENCY, CONTACT

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
BUSINESS TELEPHONE

\_\_\_\_\_  
LIST ALL MEDICATIONS YOU ARE TAKING

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DIVER'S ALERT NETWORK (OR EQUIVALENT) INSURANCE #

\_\_\_\_\_  
EXPIRY DATE

\_\_\_\_\_  
OTHER INFORMATION

\_\_\_\_\_  
24 HR EMERGENCY CONTACT NUMBER FOR EVACUATION INSURANCE

### CANCELLATION REFUND POLICY

For individual bookings, a full refund of the deposit will be made, less a USD \$100 per person administrative fee, if the cancellation is received prior to 60 days before the departure date. No refund will be issued for cancellations made less than 60 days before the departure date. No refunds for deposits on full boat charters will be issued.

Unforeseen work, medical or airline problems may cause me to miss or cancel a trip. I understand that trip cancellation, as well as accidental, medical and baggage insurance is strongly recommended. I also understand that compensation for trip cancellation for any reason must be claimed against my insurance, and that Bilikiki Cruises Ltd will not refund trip costs in the event of missed or cancelled trips.

I have purchased cancellation insurance or will do so before the trip commences Yes No

### DISCHARGE OF LIABILITY

I, the diver named hereunder, hereby verify that I am a fully certified scuba diver. The Scuba Certification Agency I gained my certificate from is \_\_\_\_\_ and the certificate number is \_\_\_\_\_

I confirm that I am fully aware of all the dangers and risks involved in participating in scuba diving.

I understand that I am responsible for carrying Diver's Alert Network (or equivalent) evacuation insurance for the duration of my trip.

In consideration of you allowing me to participate in your cruise/s and or diving excursions (hereinafter referred to as the "excursion") I hereby voluntarily release and discharge BILIKIKI CRUISES LTD. and/or the employees, directors, shareholders and agents of the aforementioned company (hereinafter referred to as "the operators") from liability, and hereby voluntarily waive and relinquish all and any rights and causes of action available at my suit against the operator for personal injury, property loss or damage or death howsoever occurring to me arising as a result of or caused either directly, indirectly or incidental to my attending upon the excursion wherever or however the same may occur and in any way connected with the use or misuse of any equipment or vessels or vehicles of the operators or otherwise and whether that equipment be owned by the operators (hereinafter separately and collectively referred to as "the cause of action").

I hereby further agree that in the event that any claim in respect of the cause of action shall be made, instituted or prosecuted against the operators then I hereby agree that I will indemnify and save harmless the operators from all or any such claims.

This document shall be governed by the law of Solomon Islands and I consent to the exclusive jurisdiction of the courts of Solomon Islands in all matters regarding it.

I, the undersigned, hereby certify that I have read, understand and accept the Discharge of Liability and recommendations regarding trip insurance printed above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Witness Name (Please print)

### FLIGHT ITINERARY

Travel Agent: \_\_\_\_\_ Agent Contact Info: Phone: \_\_\_\_\_

Arrival in Honiara: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Flight #: \_\_\_\_\_

Departure from Honiara: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Flight #: \_\_\_\_\_