BOOKING FORM PANAMA SPEARFISHING

A $300 per person per week deposit is required to hold reservation.

MAIL PAYMENT TO: ULTIMATE SURF PARADISE LLC: 314 EAST 6230 SOUTH MURRAY UT 84107

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First name___phillip_____Last name_____rowe_____ tel. 760-632-8014, **fax 952-674-8014**

reservation dates: 1/9/15 1/1715 Group name: rowe

Street Address 28 oakwood village apt 11

City flanders State

nj Zip code 07836

Telephone- Home (973) 866 -8585 Work ( ) e-mail:

Passport number 436975066 (if you can't find your number, write "pending" and send to me anyway)

Expiration date 04feb 2018

Date of issue 05 feb 2008 Place of issue new jersey

Date of birth08/16/1982 Nationality

amercian Occupation truck driver

Next of kin to be contacted in case of emergency angela rowe

Address 28 oakwood village art 11 flanders nj 07836 How did you hear about

us? internet

Telephone- Home ( )201-317-1017 Work ( )

IMPORTANT NOTICE

By my signature, I acknowledge and confirm that I have read, understand and agree to all booking conditions set forth.

I am aware that a spearfishing trip, in addition to usual and inherent risks, has certain additional risks and dangers which may include: physical exertion for which I may not be prepared;

remoteness to normal medical services; weather extremes subject to sudden, unexpected change; and evacuation difficulties if I am disabled.

I accept all inherent risks of the proposed trip and possibility of personal injury, death, property damage or loss resulting therefrom.

In entering into this agreement, I am not relying on any oral, written, or visual representations or statements by Isla Ensenada Spearfishing., its agents or staff, or any other inducement or

coercion to go on the trip, hence, only of my own free will.

Signed *X*_____phillip rowe_____ Dated____7/13/14_____ (Parent or legal guardian must sign for all persons under the age of 18)