ADVENTURE NAME DIRECTIONS Please complete this Registration Form for each household, individually sign, and return to Walking Adventures along Adventure Name with your deposit: WALKING ADVENTURES FUN@WALKINGADVENTURES.COM **Adventure Dates** PO Box 871000 PHONE 1.800.779.0353 VANCOUVER, WA 98687-1000 FAX 1.360.260.1131 In addition, please register me for: Pre-tour Pre-night NOTE: A completed registration form must be received by our office prior to accepting a traveler on any adventure! Extension Optional Excursion(s) TRAVELER INFORMATION Traveler #2 (legal name as it appears on passport) Traveler #1 (legal name as it appears on passport) Home Phone Billing address is same as mailing address Mailing ~ Street Address Billing ~ Street Address Mailing ~ City / State / Country / Zip Code Billing ~ City / State / Country / Zip Code Cell Phone (Traveler #2) Cell Phone (Traveler #1) Email (Traveler #1) Email (Traveler #2) Nickname (Traveler #1) Nickname (Traveler #2) TRAVELER DOCUMENT CHECKLIST ACCOMMODATIONS Please send the following item to register: I am traveling alone and would like the Single Supplement as listed in the Adventure brochure Registration Form (3 pages completed and signed) I would like help finding a roommate and authorize WAI to give my contact info to potential roommates Please send the following item after receiving the Flight Details Email: I have a roommate: Airline itinerary (full itinerary) Please do not book airfare prior to receiving the Flight Details Email! Name of roommate



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PHYSICAL ABILITY TO PARTICIPATE

I attest that I am in good physical condition and am able to participate in activities listed in the tour brochure. I understand that walks are conducted at a pace of approximately 2 miles per hour and attest that I am able to walk comfortably at that pace and that I am able to walk 6 to 8 miles at one time without duress. (If you are not able to sign this declaration, but still believe you are a good match for this travel experience, please contact our office for consultation.)

Traveler #1		Traveler #2	
Signature	Date	Signature	Date
EMERGENCY CONTACT INFORMATIC	N AND PROXY		
In the event of any medical emergency in which	ch I am incapacitated	d, please attempt to contact the following pers	ons:
Contact #1		Contact #2	
Name	Phone	Name	Phone
		d and my emergency contact is not available to secure emergency treatment for me, which mo	
Traveler #1		Traveler #2	
Signature	Date	Signature	Date
		Explore & Experience	

TRAVEL INSURANCE

WAI believes strongly in the importance of travel insurance for financial and medical protection from any number of unforeseen circumstances that can arise before departure or during your Adventure. Many travel insurance providers are available for your consideration. Laura Pfahler at World Travel Inc., a travel agent who provides air travel services to many WAI travelers, can provide insurance options for your WAI tour as well as your airfare (email: LLP@wtpdx.com -OR- phone: 503.434-6401). Other options include Betins, Travelex, and Travel Guard. Furthermore, SquareMouth.com is a website that allows you to compare insurance policies and costs among various providers and they also sell insurance.

ASSUMPTION OF RISK & LIABILITY RELEASE

I acknowledge that I have voluntarily applied for this tour and that I am prepared to assume the risks associated with this tour, including, but not limited to, the following: forces of nature; terrorism; civil unrest; war; accidents; and transportation including land vehicles, boats, and aircraft that are not operated or maintained to standards found in North America. I also assume risks associated with altitude (if applicable), illness, disease, physical exertion, and alcohol consumption, knowing that access to evacuation and/or suitable medical supplies and support may not be available. By signing this document, I agree to take full responsibility for my own actions, safety, and welfare. I also understand that I will be a member of a group and will conduct myself in a way that will not endanger the group or myself. I hereby release and discharge Walking Adventures International and its agents and employees from and against any and all liability arising from my participation in this tour. I agree that this release will be legally binding upon myself, my heirs, successors, assigns, and legal representatives; it being my intention to fully assume all risk of travel and to release Walking Adventures International from any and all liabilities to the maximum extent permitted by law. I agree to these statements by placing my signature here:

Traveler #1		Traveler #2	
Signature	Date	Signature	Date

RESPONSIBILITY STATEMENT

Walking Adventures International ("WAI") sells tour programs consisting of travel services that WAI purchases from suppliers. The suppliers providing travel services for WAI's tour programs are independent contractors, not agents or employees of WAI. As such, WAI is not responsible for any negligent or willful act or failure to act of any supplier. By utilizing the travel services of the suppliers, I agree that I will look to such suppliers for any accident, injury, property damage, or personal loss to me, and that neither WAI nor any representative of WAI shall be liable. WAI is not responsible for any injury, loss, or damage to person or property in connection with the provision, or failure to provide any goods or services resulting from the following circumstances or any other circumstances outside the direct control of WAI: acts of God; acts of war or civil unrest; insurrection or revolt; strikes or other labor activities; criminal or terrorist activities; overbooking or downgrading of accommodations or transportation; mechanical failure of vehicles; or lack of medical care. Furthermore, all services and accommodations are subject to the laws and regulations of the country in which they are provided. WAI reserves the right to use any photo we take or photos given to us by travelers for promotional activities unless you the traveler notify us otherwise. By signing this document, I agree to these conditions and affirm that I have read and agree with all conditions listed in the accompanying General Tour Conditions form.

Traveler #1

Traveler #2

Signature

Date

Date

Date

Date

