

REGISTRATION FORM

Please complete both sides of this form and return along with your deposit to:

Walking Adventures International • PO Box 871000 • Vancouver WA 98687-1000 • USA
EMAIL: fun@walkingadventures.com • PHONE: 1.800.779.0353 • FAX: 360.260.1131

Completed registration form must be received by our office prior to accepting a traveler on any adventure!

ADVENTURE SELECTION

Adventure name & dates

Pre-tour or Extension, if applicable

TRAVELER INFORMATION

Legal Name (as it appears on passport)

Legal Name (as it appears on passport)

Address

City / State / Zip

Home Phone

Cell Phone

Email

Name as you wish it to appear on your nametag

Billing address same as mailing address

TRAVELER DOCUMENT CHECKLIST

Please send us the following items:

- Registration Form (both sides completely filled out & signed)
- Passport copy (international trips)(photo page only)
- Airline itinerary (full itinerary, emailed or hard copy) *Please do not book airfare prior to receiving the Adventure Advice flyer!*
- Travel insurance details: 1) carrier, 2) policy name & policy number, 3) emergency contact information for your insurance company (an 800 number does not work from outside the USA)

ADVENTURE T-SHIRT

Please indicate t-shirt size below to receive one complimentary t-shirt per traveler: (Unisex sizes: S M L XL XXL XXXL)

His: _____ Hers: _____

ACCOMMODATIONS

- I would like help finding a roommate and authorize WAI to give my contact info to potential roommates
- I am traveling alone and would like the Single Supplement as listed in the Adventure brochure
- I have a roommate: _____
Name of roommate

ADVENTURE PRICING

Adventure price \$ _____

Optional airfare offered through WAI (if applicable) \$ ___ N/A ___

Pre-tour or Extension price \$ ___ N/A ___

Single Supplement \$ _____

Number of travelers X _____

TOTAL: Total Adventure price \$ _____

REGISTRATION DEPOSIT DUE NOW

\$1000 per person (unless otherwise stated in brochure memo)

- Cash (check enclosed)
- Credit Card (VISA, MasterCard, or Discover)
(Call us with your credit card details.)

Deposit currently authorized \$ _____

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.

Signature _____ Date _____

Signature _____ Date _____

Individual signature required for each traveler

Continued on reverse side of page ➔

MEDICAL INFORMATION AND PROXY

Please provide a complete and accurate assessment of your health, physical condition, and/or limitations. List any 1) current medical conditions, 2) medications, and 3) allergies to medications. This information may be critical in the event you require medical attention on tour. (Please use an additional sheet if necessary.)

FOOD/DIET NEEDS

Please indicate below any medically diagnosed food allergies (dietary restrictions must be independently managed by the traveler):

- I would like vegetarian meals. (A choice for vegetarian meals covers the entire trip and will be provided whenever available.)
-
-

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.)

Signature _____ Date _____
Individual signature required for each traveler

Signature _____ Date _____
Individual signature required for each traveler

EMERGENCY CONTACT INFORMATION

Emergency contact name _____

Emergency contact phone number(s) _____

In the event of any medical emergency in which I am incapacitated and my emergency contact is not available to consult with, I hereby authorize Walking Adventures International personnel to hospitalize and secure emergency treatment for me.

Signature _____ Date _____
Individual signature required for each traveler

Signature _____ Date _____
Individual signature required for each traveler

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. Debbi Custer 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: debbi@wtpdx.com –OR– 888.276.0925 or 503.231.9507). Other options include Betins (866.552.8834); Travelex (800.228.9792); and Travel Guard (800.826.4919). Furthermore, Insuremytrip.com is a website that allows you to compare insurance policies and costs among various providers and they also sell insurance (800.487.4722).

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 permitted by law. I agree to these statements by placing my signature here:

Signature _____ Date _____
Individual signature required for each traveler

Signature _____ Date _____
Individual signature required for each traveler