

REGISTRATION FORM

Please complete both sides of this form IN ENTIRETY - be sure to sign ALL sections! - and return along with your deposit to:
WALKING ADVENTURES INTERNATIONAL PO BOX 871000 VANCOUVER WA 98687-1000 USA

**THE 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 Same as billing address?

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 _____

Copy of a current passport enclosed (international trips)

ADVENTURE T-SHIRT:

Please indicate t-shirt size (**S M L XL XXL XXXL**) below to receive one complimentary t-shirt per traveler.
(NOTE: These are unisex sizes and they run a little large.)

His: _____ Hers: _____

AIRFARE

Please have your travel agent contact me regarding airfare

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

Name of roommate (if applicable) _____

ADVENTURE PRICING

Adventure price \$ _____

Optional airfare offered through WAI (if applicable)..... \$ _____

Pre-tour or Extension price \$ _____

Single Supplement..... \$ _____

Number of travelers..... x _____

SUBTOTAL: Total Adventure price \$ _____

Travel Insurance (Total Adventure price x 5.5%)..... \$ _____

TOTAL: Total Adventure price \$ _____

REGISTRATION DEPOSIT DUE NOW

\$500 per person plus Travel Insurance premium if purchased

Credit Card (VISA or MasterCard) Cash (Check) enclosed
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!)

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.

MEDICAL PROXY STATEMENT

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 _____

SIGNATURE _____ DATE _____

Individual signature required for each traveler!

Emergency contact name

Emergency contact phone number/s

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 _____

SIGNATURE _____ DATE _____

Individual signature required for each traveler!

TRAVEL PROTECTION PLAN

WAI offers travel insurance in cooperation with USI Travel Insurance Services. Travel is our specialty, not insurance, but WAI has always been a strong advocate of travel insurance. We have negotiated a package that provides all the primary must-have insurance coverage, is not age-rated, requires no application by travelers, and uses one simple percentage fee to cover any travel services purchased.

The policy, called Preferred Benefits™, includes coverage for pre-existing conditions, provided you purchase the insurance at the time you register for the Adventure. Coverage includes trip cancellation or interruption, medical expenses and evacuation, trip delay, loss of baggage or travel documents and more— see the enclosed Summary of Travel Coverage for a general description of coverage. Once you have registered for the Adventure, you will receive a Travel Insurance Certificate with complete details and all necessary contact information for you to take along on your trip.

Purchasing the insurance is easy. Simply total the amount of travel services on the Registration Form and fill in 5.5% of that amount on the line provided. Your deposit will then be the sum of the standard \$500 deposit plus the amount of your insurance premium. Should you decide to add additional services after initial registration (e.g. airfare, optional excursions), just notify us within 2 weeks of purchasing, and we can add those services and invoice you for the additional premium at the same rate. If you decide to cancel your trip for any reason not covered by the policy, **this premium is not refundable**. Normal cancellation policies apply to the standard \$500 deposit (see General Tour Conditions).

- Please include insurance coverage with my deposit. I have added 5.5% to the authorized deposit on the reverse side, and listed the relevant information below.

LEGAL NAME _____ BIRTHDATE _____

LEGAL NAME _____ BIRTHDATE _____

- I have decided not to purchase USI travel insurance, offered through WAI, at this time and will not hold WAI liable for any losses due to lack of coverage.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Individual signature required for each traveler!