

TOUR REGISTRATION FORM

See individual itineraries for deposit and cancellation information. Reservations are subject to space availability.

TOUR NAME _____

TOUR DATES _____

APPLICANT 1

Name as it appears on passport _____

Passport Number _____ Exp. _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

APPLICANT 2

Name as it appears on passport _____

Passport Number _____ Exp. _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

HOTEL INFORMATION

Hotel Room Preference Smoking Non-smoking
 Single Double Twin (2 beds) Triple

Roommate Preference, if known _____

HOTEL INFORMATION

Hotel Room Preference Smoking Non-smoking
 Single Double Twin (2 beds) Triple

Roommate Preference, if known _____

PERSONAL INFORMATION

We urge you to complete all questions in the following section.

All information is completely confidential.

Do you have any dietary, medical, or physical restrictions? Yes No

Please explain: _____

Person to be contacted in case of emergency:

Emergency contact's phone number and address: _____

TRAVEL INFORMATION

Flight Arrival _____

Flight Number _____ Time _____

Flight Departure _____

Flight Number _____ Time _____

PERSONAL INFORMATION

We urge you to complete all questions in the following section.

All information is completely confidential.

Do you have any dietary, medical, or physical restrictions? Yes No

Please explain: _____

Person to be contacted in case of emergency:

Emergency contact's phone number and address: _____

TRAVEL INFORMATION

Flight Arrival _____

Flight Number _____ Time _____

Flight Departure _____

Flight Number _____ Time _____

DEPOSIT/PAYMENT INFORMATION

Enclosed Payment Deposit Balance

Amount of Payment \$ _____ No. of Spaces _____

Check Visa MasterCard

Credit Card No. _____ Exp. Date _____

Name as it appears on card _____

Signature _____ Date _____

DEPOSIT/PAYMENT INFORMATION

Enclosed Payment Deposit Balance

Amount of Payment \$ _____ No. of Spaces _____

Check Visa MasterCard

Credit Card No. _____ Exp. Date _____

Name as it appears on card _____

Signature _____ Date _____

Mail this form with your deposit or payment to:



PO Box 1410
Vashon Island, WA 98070
Fax 206-463-4081
1-800-808-4IWA (4492) or 206-463-1943

VISIT US ON THE WEB AT: WWW.WILDLIFEADVENTURES.COM



WAIVER, RELEASE AND INDEMNITY

PLEASE READ THIS FORM CAREFULLY AS IT AFFECTS YOUR RIGHTS AT LAW.

For the purpose of inducing the Tour Provider (as defined below) to take me on the tour that I have purchased from the Tour Provider (the "Tour"), I covenant, acknowledge and agree as follows:

1. I am over 18 years of age, I am capable of freely giving or withholding my consent, and I have freely entered into this waiver, release and indemnity (the "Waiver"). I acknowledge that the Tour is conducted in remote areas, not always on established roadways, and that there are significant risks inherent in the Tour. These risks may include, but are not limited to: (a) mechanical breakdown of the Tour vehicle(s); (b) becoming stranded in remote areas; (c) being subjected to rugged terrain and a very harsh climate; and (d) encounters with wild animals. I further understand and acknowledge that: (e) the behavior of wild animals in their natural habitat cannot be predicted or controlled, nor can weather conditions; (f) although the Tour Provider will try to ensure frequent and high quality viewing of nature and wildlife, this cannot be guaranteed in any way; (g) I may come into contact with wild animals and, if I do, it is possible that I could be injured or killed; and (h) the Tour is conducted in areas where there is no human habitation and a climate that can be extremely dangerous to humans.
2. Having acknowledged an understanding of these risks, I hereby remise, release, quit claim, forever discharge and save harmless the Tour Provider of and from all claims, demands, rights, causes of action, costs and liabilities of every nature and kind whatsoever in law or in equity ("Claims") which may arise during, as a result of or in connection with the Tour and the goods and services provided by or for the Tour Provider. Without limiting the generality of the foregoing, I hereby release the Tour Provider of and from any and all Claims which may now exist or may hereafter arise from or by reason of any injury, death, sickness or loss whatsoever suffered by me or from damage to any property (including loss or theft of personal property) suffered by me at any time while I am on the Tour or in the Tour Provider's vehicles or facilities. This Waiver shall apply whether or not any such Claims arise, or are alleged to arise, from an act or omission of any of the Releasees, and whether or not any such act or omission may otherwise constitute a tort or any other cause of action whatsoever. I agree not to make any claim or take any proceedings against any other person, corporation or other entity who might claim contribution, indemnity or other relief from the Tour Provider.
3. This Waiver shall be binding on myself, my family and any attorney, agent, executor, trustee, representative or assignee of mine. I hereby indemnify and save harmless the Tour Provider for any Claims against the Tour Provider by any member of my family, my employer or by any other person for whom or to whom I am or may be responsible, whether at law or otherwise.
4. The term "Tour Provider" expressly includes all companies and persons affiliated with International Wildlife Adventures, including, but not limited to, Expedition Touring Inc., ETI Holdings Corp. and their respective officers, directors, shareholders, partners, employees, insurers, agents, representatives, local operators, and all of their respective heirs, executors, administrators, successors, assigns and personal representatives.
5. I agree to follow all rules, guidelines, policies, regulations and recommendations (the "Rules") made by the Tour Provider, and to indemnify the Tour Provider for any costs or losses suffered by it which are caused by or arise in connection with my failure to follow any such Rules of which I have been made aware by the Tour Provider, whether verbally or in writing.
6. I acknowledge that during the Tour, my image, likeness and personality may be captured on photograph, video, sound recording, live action internet transmission and on other media (the "Personal Images"), and that the Tour Provider may wish to use these Personal Images for promotional and other business purposes. I hereby relinquish and forever waive all of my rights relating to the content of the Personal Images and their being captured, reproduced and used (whether or not for profit) on any such media form(s), including any privacy rights or rights to be compensated for the commercial use of the Personal Images that I may have, and further relinquish and waive any copyright, moral rights or any other rights that I may have in the content or use of the Personal Images.
7. I agree that this Waiver shall be governed by the laws of the State of Washington and the federal laws of the United States applicable therein. I hereby irrevocably attorn to the jurisdiction of the Courts of the State of Washington in respect of any matter arising in connection with this Waiver. I acknowledge that I have read this document carefully before signing it, and understand all of the provisions contained in it as well as agree to the "Important Information" as stated in the back of the IWA catalog and the specific "Tour Details" in the tour itinerary. I am signing this document freely and without duress, and intend it to be a document signed, sealed and delivered by me under my hand and seal.

Signature _____

Signature _____

Print Name _____

Print Name _____

Date _____

Date _____

I have been offered trip cancellation insurance: Declined Purchased

I have been offered trip cancellation insurance: Declined Purchased