

ADVENTURE ASSOCIATES of WA, Inc.

• • • TRIP APPLICATION • • •



To reserve a place on any **ADVENTURE ASSOCIATES OF WA, INC.** tour / program, carefully read, complete and return this application form along with the required deposit as indicated on the trip itinerary. ADVENTURE ASSOCIATES trips are small group tours and registrations are processed on a first-come, first-served basis. Applications are not accepted without required deposit. **FAX: 206-935-4789**

PLEASE PRINT ALL INFORMATION – THANK YOU.

Trip Name _____ Trip Dates _____

Trip Fee _____ Deposit Amount Sent _____

Formal Passport Name _____

Street Address _____

City _____ State _____ Zip _____

Hm Phone (____) _____ Cell Phone (____) _____ Wk Phone (____) _____

E-mail: _____ Occupation _____

Birthplace _____ Citizenship _____ Birth date: _____

Passport No. (International Trips) _____ Date of Issue _____

Date of Expiration _____ Authority/Place of Issue _____

GENERAL HEALTH INFORMATION (specific information may be requested of you depending upon the nature of the trip):

Kayak trips: Length of pant leg inseam _____ inches

State of Health _____ Good _____ Fair _____ Poor _____ Weight _____ Height _____

Allergies, injuries, disabilities that might cause hardship through change in diet, strenuous travel, travel in remote areas, and climatic conditions: _____

Medications presently taken: _____

Reasons for medications: _____

Dietary Preferences: Vegetarian _____ No Red meat _____ No dairy _____

Describe dietary needs: _____

In case of emergency, please notify: _____

Address _____

Phone _____ Relationship _____

Name of Medical Plan _____

Medical Plan Number _____ Phone _____

Address _____ City _____ ST _____ Zip _____

How did you learn of Adventure Associates? _____(continue backside)

RELEASE AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of Adventure Associates, their agents, contractors, owners officers, volunteers, participants, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ADVENTURE ASSOCIATES"), I hereby agree to release and discharge ADVENTURE ASSOCIATES, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that participation in outdoor activities and travel entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: risks associated with mountain travel in remote areas and wilderness terrain or a marine environment; limited or unavailability of medical care; costs of emergency evacuation or unavailability of any rescue in remote areas; forces of nature including weather; risks associated with the physical activity I am participating in; and risks associated with travel by air, train or other conveyance.

Furthermore, ADVENTURE ASSOCIATES guides have difficult jobs to perform. They seek safety, but they are not infallible. ADVENTURE ASSOCIATES cannot guarantee your safety.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in the activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily RELEASE, and agree to INDEMNIFY and HOLD HARMLESS ADVENTURE ASSOCIATES from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of any equipment or facilities, **including any such Claims which allege negligent acts or omissions.**

4. Should ADVENTURE ASSOCIATES or anyone acting on their behalf, be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, including the costs of emergency evacuation, or I agree to personally bear the costs of such injury or damage. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, and I am willing to assume -- and bear the costs of -- all risks that may be created, directly or indirectly, by my physical condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I am giving up my right to bring any claim against ADVENTURE ASSOCIATES.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____ Print Name: _____

Address: _____

Phone: _____ Date: _____

ADVENTURE ASSOCIATES OF WA, INC.

PO Box 16304, Seattle, WA 98116

(206) 932-8352

info@AdventureAssociates.net

www.AdventureAssociates.net

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AUTHORIZATION FORM

I, _____, AUTHORIZE _____

TO CHARGE MY CREDIT CARD NUMBER _____,

EXPIRATION DATE _____ 3 DIGIT SECURITY CODE _____

WITH THE AMOUNT OF: _____.

THIS AMOUNT WILL BE CHARGED FOR _____

_____.

DATE: _____

SIGNATURE: _____

CREDIT CARD BILLING INFORMATION:

NAME AS IT APPEARS ON THE CREDIT CARD (MIDDLE INITIAL?)

BILLING STATEMENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

THIS AUTHORIZATION PERTAINS EXCLUSIVELY TO THE CHARGES STATED ABOVE.