



## TOUR REGISTRATION FORM

### 2019 San Pancho Bird Observatory / Pronatura River of Raptors Veracruz tour Reservation Form

I/We wish to register for the following tour:

TOUR: \_\_\_\_\_ START DATE: \_\_\_\_\_

If there is a published extension, do you wish to participate? \_\_\_\_ Yes \_\_\_\_ No

DEPOSIT ENCLOSED: \_\_\_\_\_ (Deposit fee is \$500) Unless otherwise stated on the tour itinerary, full payment is due 120 days prior to departure date.

\_\_\_ I wish to have a single room, wherever possible, at additional cost.

\_\_\_ I have a roommate

(Roommate Name): \_\_\_\_\_

\_\_\_ One \_\_\_ Two beds if possible

\_\_\_ I wish for San Pancho Bird Observatory A.C. / Pronatura A.C. to provide a roommate, but if none is available I agree to pay the single room supplement indicated on the itinerary. (Our trips are non-smoking)

I (have/have not) received the detailed day-by-day itinerary for the tour (if you circle "have not" we will mail it to you).

(1) NAME\*: \_\_\_\_\_ \*As listed on passport

Gender (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month/day/year)

(2) NAME\*: \_\_\_\_\_ \*As listed on passport

Gender (M/F): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(month/day/year)



ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE OR PROVINCE: \_\_\_\_\_

ZIP OR POSTAL CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: (Home) (Business): \_\_\_\_\_

Do you wish to have your postal address appear on the tour participants list? \_\_\_\_ Y \_\_\_\_ N Do you wish to have your email address appear on the tour participants list? \_\_\_\_ Y \_\_\_\_ N Phone numbers are not included on the tour participants list

PASSPORT INFORMATION (Foreign destinations only)

(1) Passport Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Nationality \_\_\_\_\_ (month/day/year)

(2) Passport Number \_\_\_\_\_

Exp Date \_\_\_\_\_ Nationality \_\_\_\_\_ (month/day/year)



### IMPORTANT MEDICAL AND EMERGENCY INFORMATION

Do you have any medical or physical condition we should know about and/or which would prohibit full participation in the tour? If so, list below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you be taking any medications during the tour that a medical professional should be aware of in the event of a medical emergency? If so please list medications and dosage:

\_\_\_\_\_  
\_\_\_\_\_

Please list any special dietary needs, so that we can try to make provisions: \_\_\_\_\_

\_\_\_\_\_

Morning drink preference: Coffee/Tea/Other \_\_\_\_\_

3 Who should be contacted in the event of an emergency?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

IMPORTANT NOTICE: YOUR REGISTRATION IS EXPRESSLY MADE SUBJECT TO THE TERMS AND CONDITIONS OF THE RELEASE AND INDEMNITY AGREEMENT ON THE REVERSE SIDE OF THIS REGISTRATION FORM. PLEASE CAREFULLY READ THE REVERSE, SIGN AND RETURN WITH YOUR DEPOSIT. YOU WILL NOT BE CONFIRMED ON THE TRIP UNTIL YOU HAVE SIGNED THE RELEASE AND INDEMNITY AGREEMENT.

TRIP CANCELLATION & MEDICAL EMERGENCY INSURANCE: We strongly recommend you consider purchasing trip cancellation (including medical emergency) insurance to cover your investment in case of injury or illness to you or an immediate family member prior to or during a trip. Because we must remit early (and substantial) tour deposits to our suppliers, we cannot offer any refund when cancellation occurs within 70 days of departure, and only a partial refund from 70 to 119 days prior to departure (see Cancellation Policy).



It is recommended that you purchase optional tour cancellation/emergency insurance. Companies vary in coverage but tend to cover trip cancellation, interruption, medical coverage, travel delays, baggage loss, emergency medical evacuation etc. Advise us that:

\_\_\_\_\_ I have purchased (or will purchase) trip cancellation/interruption insurance.

\_\_\_\_\_ I have declined optional insurance and understand that exceptions to the cancellation penalties outlined on the detailed itinerary can not be made.

RELEASE AND INDEMNITY AGREEMENT Each registrant named on Page 2 (above) desires to participate in the tour(s) listed thereon. Therefore, each registrant knowingly and voluntarily WAIVES, RELEASES, SAVES, HOLDS HARMLESS and INDEMNIFIES San Pancho Bird Observatory A.C. / Pronatura A.C. its agents, servants, employees, shareholders, officers, directors, attorneys, contractors and sub-contractors, past, present and future, and their respective heirs, legal and personal representatives, successors and assigns (collectively, "Released Parties"), and all of their respective properties, assets and interests ("Released Property") from, any and all claims, actions, causes of action, demands, rights, damages, costs, losses, liabilities, expenses, compensation, controversies, disputes, obligations, debts, dues and liens whatsoever, on account of, or in any way arising out of, any and all known or unknown, foreseen or unforeseen loss of life or personal injury, loss or damage to property, and the consequences thereof, directly or indirectly resulting from, incident to, in connection with, or arising out of that registrant's participation in the tour(s) (collectively, "Claims"). IT IS MY/OUR INTENTION THAT THIS RELEASE AND INDEMNITY AGREEMENT SHALL APPLY TO ALL OF THE CLAIMS WITHOUT LIMIT AND, TO THE FULLEST EXTENT ALLOWED BY LAW, REGARDLESS OF WHETHER FOUNDED, IN WHOLE OR IN PART, ON ANY NEGLIGENT ACT OR OMISSION OF ANY OF THE RELEASED PARTIES, REGARDLESS OF THE DEGREE OF NEGLIGENCE. I/we have received and read a copy of the Deposit and Cancellation Policies and the Responsibility clause, which are incorporated herein by reference for all purposes, and I/we understand, consent to and agree to be bound by the conditions and provisions stated in those policies and that clause. Except for the health problems listed on the reverse, each registrant is in good physical health and able to tolerate the physical demands of the tour(s). Any controversy, claim or cause of action arising out of or relating to this Release and Indemnity Agreement or the performance by the Released Parties of their obligation of the tour, including, without limitation, any claim or cause of action relating to bodily injury, property damage or death, shall first be submitted by Registrant and the Released Parties to non-binding mediation. No waiver of this agreement to arbitrate shall be enforceable unless in writing and signed by the party charged with waiver. Release and Indemnity as contained in this Release and Indemnity Agreement.



**Choose payment method:**

Upay to [birdingsanpancho@gmail.com](mailto:birdingsanpancho@gmail.com)

Wire transfer

Check

Please send your registration form to the email [birdingsanáncho@gmail.com](mailto:birdingsanáncho@gmail.com)