

**TOUR REGISTRATION FORM**

I/We wish to register for the following tour:

**TOUR:** Puerto Rico / Tampa Audubon **START DATE:** 03/23/2018

For tours with a published extension, do you wish to participate?  Yes  No

**DEPOSIT ENCLOSED:** \_\_\_\_\_ (as listed in itinerary, usually about 10% of fee)

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 (Name): \_\_\_\_\_ (One/two beds if possible)

I wish for Field Guides Incorporated to provide a roommate, but if none is available I agree to pay the single room supplement indicated on the itinerary. (I am/am not a smoker.)

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:** \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As listed on passport (M/F) (month/day/year)

(2) **NAME:** \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As listed on passport (M/F) (month/day/year)

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE OR PROVINCE:** \_\_\_\_\_ **ZIP OR POSTAL CODE:** \_\_\_\_\_

Do you wish to have your postal address appear on the tour participants list? Y / N

**E-MAIL ADDRESS:** \_\_\_\_\_ Do you wish to have your email address appear on the tour participants list? Y / N

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

Phone numbers are not included on the tour participants list

**PASSPORT INFORMATION** (Foreign destinations only)

\_\_\_\_\_  
(1) Passport Number Exp Date (month/day/year) Nationality

\_\_\_\_\_  
(2) Passport Number Exp Date (month/day/year) Nationality

**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 \_\_\_\_\_

Who should be contacted in the event of an emergency?

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

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_ (DAY) \_\_\_\_\_ (EVENING)

**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).**

If you received your itinerary by mail a brochure regarding optional tour cancellation/emergency medical insurance was included with the itinerary; if you are missing this we are happy to mail another. Our agent, CSA, will insure for trip cancellation and interruption, medical coverage, travel delay, baggage loss and delay, 24-hour accident protection, and emergency medical evacuation, at very reasonable rates. If you purchase the insurance when making final payment for the tour, pre-existing conditions, with some stipulations, are covered. You may also purchase your CSA policy on-line by visiting our website at [www.fieldguides.com/travelinsurance.html](http://www.fieldguides.com/travelinsurance.html) and clicking the link to CSA. Citizens of other countries are urged to consult their insurance broker.

**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 the reverse desires to participate in the tour(s) listed thereon. Therefore, each registrant knowingly and voluntarily **WAIVES, RELEASES, SAVES, HOLDS HARMLESS and INDEMNIFIES** Field Guides Incorporated, a Texas corporation, 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 in Travis County, Texas. If the controversy is not settled at mediation, the controversy, claim or cause of action shall be submitted, at the sole discretion of Released Parties, to arbitration in Austin, Travis County, Texas, in accordance with the rules of the American Arbitration Association then existing and applying the laws of the state of Texas. No waiver of this agreement to arbitrate shall be enforceable unless in writing and signed by the party charged with waiver. Any award rendered by the arbitration panel shall be final and binding on the parties, and judgment thereon may be entered by a court in Travis County, Texas having subject matter jurisdiction. If Released Parties do not elect to have a controversy, claim or cause of action submitted to arbitration, exclusive jurisdiction and venue for any suit based upon a claim otherwise subject to arbitration under this agreement shall be in Travis County, Texas. Released Parties shall have the right, even after suit is filed, to require submission to arbitration by motion filed in the case within 120 days after service of process, summons, citation or statement of claim on Released parties. Registrant and Related parties agree and stipulate that this agreement to arbitrate and the related agreements and transactions are in or affect interstate commerce. This agreement to mediate, arbitrate, or submit controversies or claims to courts does not waive or modify the Release and Indemnity as contained in this Release and Indemnity Agreement.

I/we have read and understand this Release and Indemnity Agreement, which contains the entire and final agreement relating to the subject matter hereof. Its terms shall be binding on me/us and on my/our heirs, legal representatives and assigns. If any provision of this Release and Indemnity Agreement is determined to be void, unenforceable, ineffective, or against public policy, that provision shall be disregarded and deemed removed from this Release and Indemnity Agreement, and shall not affect the remaining provisions of this Release and Indemnity Agreement. The terms of this Release and Indemnity Agreement are contractual and not mere recitals. **THIS RELEASE AND INDEMNITY AGREEMENT SHALL BE GOVERNED BY AND CONSTRUED UNDER THE LAWS OF THE STATE OF TEXAS. VENUE FOR ANY ACTION OR LAWSUIT BETWEEN REGISTRANT, FIELD GUIDES INC., OR ANY OTHER RELEASED PARTY ARISING OUT OF THIS AGREEMENT OR THE TOURS OFFERED BY FIELD GUIDES INC. SHALL BE IN TRAVIS COUNTY, TEXAS.**

I have read the foregoing Release and Indemnity Agreement, understand the Release and Indemnity Agreement, and agree to be bound by the Release and Indemnity Agreement.

DATE: \_\_\_\_\_  
(month/day/year) Signature of Registrant

DATE: \_\_\_\_\_  
(month/day/year) Signature of Registrant