

Alvaro's Adventures; 245 Granelli Ave. Half Moon Bay, CA. 94019, USA. +1-650-504-7779; info@alvarosadventures.com

TOUR REGISTRATION FORM

I/We wish to register for	the following tour:
TOUR:	START DATE:
If there is a published ext	tension, do you wish to participate?
Yes No	
DEPOSIT ENCLOSED itinerary). Unless otherwise stated on the t	(Deposit fee is \$500, unless stated differently in four itinerary, full payment is due 120 days prior to departure date.
I wish to have a sing	le room, wherever possible, at additional cost.
I have a roommate	
(Roommate Name):	
One Two bed	ls if possible
	Adventures to provide a roommate, but if none is the single room supplement indicated on the on-smoking)
IDENTIFICATION MUS	ST MATCH PASSPORT:
(Guest 1)NAME*:	
How do you prefer to be	called?
Gender (M/F):	Date of Birth:

(month/day/year)



(Guest 2)NAME*: *As listed on passport	t	
How do you prefer	to be called?	
Gender (M/F):	Date of Birth:	
ADDRESS:		
CITY:	STATE OR PROVINCE:	
ZIP OR POSTAL	CODE:	
E-MAIL:		
HOME PHONE:		
CELL (Guest 1):		
CELL (Guest 2 - o	optional):	-
Do you wish to have you	ur postal address appear on the tour participants list? Y ur email address appear on the tour participants list? Y included on the tour participants list	_ N _ N
PASSPORT INFO	DRMATION (Foreign destinations only)	
(Guest 1) Passpor	t Number	
Exp Date	Nationality	



(Guest 2) Passport Number Exp Date _____ Nationality _____ Who should be contacted in the event of an emergency? Name: _____ Relationship:_____ Phone: _____ e-mail: _____ 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 _____



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 above desires to participate in the tour(s) listed thereon. Therefore, each registrant knowingly and voluntarily WAIVES, RELEASES, SAVES, HOLDS HARMLESS and INDEMNIFIES Alvaro's Adventures, of Half Moon Bay, California, 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 San Mateo County, California. 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 San Mateo County, California, in accordance with the rules of the American Arbitration Association then existing and applying the laws of the state of California. 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 San Mateo County, California 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 San Mateo County, California. 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 recitation.

THIS RELEASE AND INDEMNITY AGREEMENT SHALL BE GOVERNED BY AND CONSTRUED UNDER THE LAWS OF THE STATE OF CALIFORNIA. VENUE FOR ANY ACTION OR LAWSUIT BETWEEN REGISTRANT, ALVARO'S



ADVENTURES, OR ANY OTHER RELEASED PARTY ARISING OUT OF THIS AGREEMENT OR THE TOURS OFFERED BY ALVARO'S ADVENTURES. SHALL BE IN SAN MATEO COUNTY, CALIFORNIA.

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	