



Registration Form

Before registering for an Avian Journeys tour, a participant should:

1. Please email or call Avian Journeys to check on availability of space.
2. Read the terms and conditions sections of the web site so that you fully understand the deposit, payment, and cancellation policies.
3. Consider if this tour is right for you, and whether you are in good enough health to participate on this tour.

To Register for an Avian Journeys tour, please print out this form and mail it to the Avian Journeys office.

Please make sure that you sign and date the Liability Waiver and General Health Questions at the end of this registration form. We regret that registration forms without a dated signature can not be accepted.

Avian Journeys
P.O. Box 91856
Tucson, AZ 85752-1856

Phone: 520-744-6780
Email: info@avianjourneys.com

* Required Fields

Participant # 1

Tour Name: _____ * Tour Start Date: ____/____/____ *

Deposit Paid _____ (\$300 / Participant unless indicated otherwise)

Yes I would like a single room if available and am willing to pay single supplement _____

I have a roommate for this trip. Name _____ one bed ___ two beds ___

I would like Avian Journeys to try and place me with a roommate, but understand if none is available, I am willing to pay the single supplement. _____



First Name: _____ *

Last Name: _____ *

Address 1: _____ *

Address 2: _____

City: _____ * State or Province: _____ * Zipcode or Postal Code: _____ *

Country: _____ *

Home Phone: _____ *

Other Phone: _____ (Optional)

Email Address: _____ *

Date of Birth: ___/___/___ *

Passport Number: _____ * (For international trips only)

Participant # 2 (Please fill in information that differs from above)

Tour Name: _____ * **Tour Start Date:** ___/___/___ *

First Name: _____ *

Last Name: _____ *

Address 1: _____ *

Address 2: _____

City: _____ * State or Province: _____ * Zipcode or Postal Code: _____ *

Country: _____ *

Home Phone: _____ *

Other Phone: _____ (Optional)

Email Address: _____ *



Date of Birth: ____/____/____*

Passport Number: _____* (For international trips only)

AMOUNT OF DEPOSIT SENT _____

**PLEASE PROCEED TO THE HEALTH QUESTIONS AND THE ASSUMPTION OF RISK AND LIABILITY
WAIVER RELEASE FORM**



HEALTH QUESTIONS

Please list any medical or physical conditions that would/may prohibit full participation in the tour activities as indicated in the tour information.

Please list any medications that we should know about in case of a medical emergency.

Please list any dietary requirements that we should know about, so we can alert ground agents and/or lodges so we can accommodate you as best as possible.

Emergency Contact Information

Name _____ Relation to you _____
Daytime Phone _____ Evening Phone _____
Email Address _____

I CERTIFY THAT THE ABOVE HEALTH INFORMATION IS TRUE.

Signature _____ **Date** ____/____/____

IMPORTANT. PLEASE NOTE THAT YOUR ACCEPTANCE ON THIS TOUR IS DEPENDENT ON YOU SIGNING AND DATING THE RELEASE OF LIABILITY WAIVER FOUND ON THE FOLLOWING PAGES.



ASSUMPTION OF RISKS

I _____ HEARBY ACKNOWLEDGE that I have voluntarily registered to participate on the - _____ tour, starting _____ as designated on Avian Journeys's trip reservation form, and that I have read the description of the trip as it appears on the Avian Journeys web site, or in printed materials provided by Avian Journeys. I am aware that travel to remote areas, or foreign countries visited by this trip involves numerous risks and dangers including, but not limited to: the forces of nature; roads, trails, hotels, vehicles, boats, or other means of conveyance which are not operated nor maintained to standards common in the United States; civil unrest; terrorism; war; the hazards of traveling though mountainous terrain, at high elevations, or to undeveloped areas; travel by canoe, boat, train, plane, automobile, bus, or by other means of conveyance, or by foot; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention if provided; physical exertion to which I am unaccustomed, or for which I am not prepared; consumption of alcoholic beverages; or additional factors known or unknown. *Initial here* _____

RELEASE OF LIABILITY

I _____ am voluntarily participating in these activities with knowledge of the dangers involved, and hereby agree to be responsible for my own welfare and assume any and all risks of delay, unanticipated events, illness, injury, emotional trauma, or death. As lawful consideration for being permitted to participate on such tours, I HEREBY RELEASE AND DISCHARGE AVIAN JOURNEYS, LLC, AND ITS EMPLOYEES, ASSOCIATES, CONTRACTORS, AND AGENTS FROM ALL ACTIONS, CLAIMS, OR DEMANDS FOR DAMAGES RESULTING FROM MY PARTICIPATION IN THE TOUR REFERENCED ABOVE. I agree this release will be legally binding upon myself, my heirs, successors, assigns and legal representatives; it is my intention to fully assume all the risk of travel and to release Avian Journeys, LLC, from all liabilities to the maximum extent permitted by law. I intend that this agreement shall apply to all claims, regardless of whether founded, in whole or in part, on any negligent act or omission of any of the released parties.

I _____ agree the venue for resolving any controversy or claim arising out of or relating to this Agreement or the performance of it, including, without limitation, any claim relating to bodily injury, property damage or death, shall be Tucson, Arizona (Pima County), U.S.A. I agree any such controversy or claim will be governed by Arizona law. I agree to make a good faith effort to mediate any such controversy or claim (in the same venue) prior to initiating any litigation. I recognize that mediation is a necessary prerequisite to a lawsuit. The parties to the mediation will split the cost of the mediator. If they cannot efficiently agree upon the identity of the mediator, each will select a person skilled in mediation, at the party's own expense, and those two individuals will select a neutral third party, who will act as the sole mediator. I recognize and agree that in the event of litigation arising out of or relating to this Agreement or my performance thereunder, the prevailing party will be entitled to recover its reasonably expended attorney's fees and all other related expenses. I acknowledge that my agreements and promises regarding mediation and litigation do not waive or modify the releases stated above in this Agreement.

In signing this release, I acknowledge that I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made.



In signing this release, I acknowledge that I have read the ***Terms and Conditions*** on the Avian Journeys web site, or having been supplied to the participant by Avian Journeys, and understand and agree to such terms and conditions as they pertain to registration, deposits, payments, trip cancellation policy, and health requirements in order to participate on an Avian Journeys tour. I understand that if I falsely represent myself as fit to participate on this tour, I may be removed from the tour prior to, or during the tour at my own expense.

Participant # 1 Signature _____

Name Printed _____

Date ____/____/____

Participant # 2 Signature _____

Name Printed _____

Date ____/____/____