

# VICTOR EMANUEL NATURE TOURS REGISTRATION FORM

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**PLEASE PRINT. ONE FORM PER PERSON. SIGNATURE REQUIRED ON REVERSE SIDE.**

## TOUR INFORMATION

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

Tour Start Date: \_\_\_\_\_ If offered, do you wish to participate in Pre/Post tour(s)?  Yes  No  
(mm/dd/year)

If yes, list Pre/Post tour name(s): \_\_\_\_\_

## PARTICIPANT INFORMATION

Name (as it appears on passport): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(mm/dd/year)

Preferred name (for mailings & name badge): \_\_\_\_\_ Gender:  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Unless the VENT office is notified, your email address will be included on the participant list for this tour.)

Please add my email address to your list to receive the VENTFLASH newsletter.  I currently receive the VENTFLASH.

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

## PASSPORT INFORMATION *(For international destinations only.)*

Passport No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(mm/dd/year)

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

## ACCOMMODATIONS

Please try to find a roommate for me  I would like single accommodations, if/when available at additional cost

I would like a room with  1 bed  2 beds  I smoke  I snore

I will be rooming with (if known): \_\_\_\_\_

## HEALTH INFORMATION

Describe/assess your physical condition: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Prescriptions & medications: *(For long lists, please type or print a separate sheet and include it with this form.)*

Allergies (Medical): \_\_\_\_\_

Allergies (Food/Environment): \_\_\_\_\_

**FORM CONTINUED ON REVERSE SIDE**

**FIELD REPORT**

After completion of your tour, we will send the final field report to the email address you have provided.  
If you do not have an email address, or would prefer to receive your copy via U.S. Mail, please check here:

**TOUR PAYMENT:** Initial deposit may be made via MasterCard, Visa, American Express, check, money order, or bank transfer. If paying more than the initial deposit at this time, you may charge the initial deposit to your credit card and pay the remaining amount by check, money order, or bank transfer, OR you may pay the full amount by credit card, check, money order, or bank transfer. (Contact the VENT office for bank transfer information.)

Initial Deposit:  Charge to MasterCard, Visa or American Express \$ \_\_\_\_\_  Check or money order \$ \_\_\_\_\_

Other Payments:  Charge to MasterCard, Visa or American Express \$ \_\_\_\_\_  
 Check or money order enclosed \$ \_\_\_\_\_

MC/Visa/AMEX No.: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(mm/dd/year)

Billing Address (if different from mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/year)

**ASSUMPTION OF RISK, WAIVER AND RELEASE**

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

**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, RE-LEASES, SAVES, HOLDS HARMLESS and INDEMNIFIES** Victor Emanuel Nature Tours 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, as contained within the detailed itinerary for the tour, 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 on the parties, and judgment hereon 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 inter-state 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 thereof. 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, VICTOR EMANUEL NATURE TOURS, INC., AND ANY OTHER RELEASED PARTY ARISING OUT OF THIS AGREEMENT OR THE TOURS OFFERED BY VICTOR EMANUEL NATURE TOURS, 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.

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/year)