

Alpinehikers Self-guided Reservation Form

Personal Info (please complete for contact person)

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Email _____
Passport name & country _____

Additional members

Name _____
Passport name & country _____
Name _____
Passport name & country _____
Name _____
Passport name & country _____

Room ___ # Single Rooms ___ # Double rooms ___ # Triple rooms

Tour Description _____

Departure Date _____

Deposit \$500 per person (\$200 non-refundable) \$500 x _____ people = \$ _____

• enclose check or money order for deposit payable to Alpinehikers (or pay by credit card)
credit card # _____ exp _____ type (Visa / MC / Amex) - total payment \$ _____
name on card (if different from above) _____

Would you also like to charge your balance to this card? ___ No ___ Yes, please charge balance 60 days before my tour starts

- sign liability release on back (all members must sign)
- mail to: Alpinehikers • 1203 Loren Dr. • Prescott, AZ 86305
- or fax to: 480-275-3161

How did you hear about Alpinehikers? _____ Referred by _____

Dietary restrictions/allergies _____

Relevant medical history _____

Emergency contact during tour _____

Other comments _____

Liability Release and Assumption of Risk

I acknowledge that my participation in this tour is voluntary and understand that there may be certain inherent dangers which could result in illness, injury, or death. By signing below I voluntarily agree to assume all risks inherent in travel to my destination.

I also understand that Alpinehikers may make arrangements with independent contractors for travel, accommodations, and other services in connection with this tour and shall not be liable for any delay, injury, loss, or damage whatsoever caused by neglect or default of these contractors.

In consideration of the right to participate in this tour, I hereby waive any claim against Alpinehikers for any damage or loss of property, delays, emotional trauma, injury, or death which may arise in connection with this tour, absent the gross negligence or willful misconduct of Alpinehikers.

Alpinehikers reserves the right to withdraw this tour or make changes to the published itinerary if, in its judgement, it is necessary for the safety and/or enjoyment of the tour members.

I realize that it is my responsibility to inform Alpinehikers of any mental or physical limitations which might prevent me or others from safely and satisfactorily completing this tour, and that my failure to do so could result in my dismissal, without refund, from the tour. I understand it is the member's responsibility to be in sufficiently good health to complete the tour.

I hereby agree to be responsible for my own welfare, and that of any minors under the age of 21 traveling with me, and that this release shall be legally binding upon me, any minors under 21 traveling with me, my heirs and successors. I accept any and all risks associated with my participation on this tour.

I have carefully read the above agreement and fully accept the conditions stated. (All members please sign)

Signature: _____ date: _____ Signature: _____ date: _____

Signature: _____ date: _____ Signature: _____ date: _____

Signature: _____ date: _____ Signature: _____ date: _____