

# Outdoor Travel Adventures

## Booking Form

Please fill out one form per household; copy for additional passengers in your household

Surname (Last Name) / First & Middle (as appears on your passport) 1)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Passport Number / Issue & Exp Dates / Nationality / Location of Issue			
Surname (Last Name) / First & Middle (as appears on your passport) 2)		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Passport Number / Issue & Exp Dates / Nationality / Location of Issue			
Address		Phone (day)	Phone (evening or mobile)
		E-mail	
Destination & Tour Name (if applicable) Travel Well – Canada 2013		Start Date 03 June 2013	

### PAYMENT

Deposit enclosed \$ 250 x \_\_\_\_\_ (no. of persons) = \$ \_\_\_\_\_

Method of payment Check  Credit Card: Visa  MasterCard  American Express

**For credit card payments, please complete the Credit Card Charge Form on last page of this booking form document.**

### ADDITIONAL INFORMATION

Do you have any medical conditions? NO  YES  Please give details \_\_\_\_\_

Do you have any special dietary requirements? NO  YES  Please give details \_\_\_\_\_

Other requests \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### ROOMING PREFERENCE

**Double Occupancy:**  One bed  Two beds Sharing with who? \_\_\_\_\_

**Single Occupancy:**  Single (private room; single supplement charge may apply)  
 Single (willing to share / we will attempt to pair you with another traveler of the same gender)

**INSURANCE** (please discuss insurance with your adventure consultant prior to submitting this form). It is highly recommended that you purchase comprehensive travel insurance when you pay your deposit, and prior to booking any airline tickets. Please review the CSA insurance plans for details: <http://www.otadventures.com/travelinsurance.aspx>. In the event that you choose to decline coverage, we require your signature below to acknowledge that you understand the risk involved. Please have each traveler sign. If you would like to cover additional arrangements not booked through OTA, please advise us at the time you accept the insurance. If you have a pre-existing condition (meaning you received medical care, advice, consultation or treatment within the last 180 days), please notify us at the time of deposit and check here to cover a pre-existing condition:

1) Declined  \_\_\_\_\_  
Date

Please Provide an Insurance Quote

2) Declined  \_\_\_\_\_

Please Provide an Insurance Quote

# Outdoor Travel Adventures

## Booking Conditions & Liability Release

**YOUR AGREEMENT WITH OUTDOOR TRAVEL ADVENTURES:** Before we make arrangements for your package trip or custom tour, we require that you sign this form; your signature will signify your agreement with the following terms and conditions. Outdoor Travel Adventures, Inc. (OTA) acts as a sales agent for various tour operators and travel suppliers. A **\$250 deposit** is required to initiate booking, and will apply to the balance of the trip cost. The balance is payable 60 days prior to departure. Due to currency fluctuation, quoted rates are valid for 24 hours and are subject to change in the event the currency fluctuates prior to the time of final payment. INITIAL \_\_\_\_\_

**BOOKING FEES:** *Air Arrangements* – a fee will apply for any non-package flight reservations made with Outdoor Travel Adventures (\$25 domestic; \$45 international); *Custom Itinerary & Research* – additional research time and custom arrangements outside the group package will be billed at \$40 per hour. Your trip cost includes any applicable fees such as shipping or wire transfers. Additional fees may apply for extenuating circumstances. **Last Minute Bookings** – for bookings received within 30 days of departure, a \$50 rush fee will added to your final trip cost. **Changes or Deviations** – a processing fee of \$100 will apply to any deviation from the group schedule or for any changes made after booking (in addition to any fees imposed by the supplier). **Processing Fees** – bounced checks will incur an additional fee of \$25 per occurrence, plus any additional fees as assessed by the bank. We reserve the right to make changes to any of our booking conditions should any unforeseen or exceptional circumstances arise. INITIAL \_\_\_\_\_

**CANCELLATIONS:** All cancellations must be received in writing. Cancellations received 61 days or more prior to the trip incur a \$250 penalty (non-refundable deposit); cancellations received 61-31 days prior to the trip incur a penalty of 50% of the trip cost; cancellations received 30 days or less prior to the trip incur a penalty of 100% of the trip cost. Cancellation of any air arrangement made through OTA is subject to the restrictions of your ticket and policies of the airline. Off hour emergency assistance is available at a rate of \$25 per 30 minutes. INITIAL \_\_\_\_\_

**RESPONSIBILITIES:** OTA acts as a sales agent for any airline, hotel, car-rental company, tour company, dive boat, cruise company, or other service provider named in your itinerary ("Suppliers") OTA is not responsible for acts or omission of the Suppliers or their failure to provide services or adhere to their own schedules. OTA assumes no responsibility for and shall not be liable for any refund, personal injury, property damage, or other loss, accident delay, inconvenience, or irregularity which may be caused by: (i) any defaults, wrongful or negligent acts, or omissions of the Suppliers; (ii) any defect in or failure of any vehicle, craft, equipment, or instrument owned, operated, or otherwise used by the Suppliers; or (iii) any wrongful or negligent acts or omission on the part of any other party not under OTA's control. (iv) hotel over-booking; (v) injury, sickness or ill health; (vi) weather or action of the elements; (vii) strikes; (viii) civil disobedience, riot or war; (ix) quarantine; OTA shall not be liable or responsible for any injury, damage, or loss of baggage (or any contents); or for any injury, damage, liability or loss resulting from injury, damage, or loss of baggage (or any contents). Your paying a deposit, or any partial or full payment of a reservation, shall constitute your accepting all of the terms and conditions set forth herein. You hereby release OTA from all claims arising out of any problem covered in this paragraph. OTA has no special knowledge regarding the financial conditions of the suppliers, unsafe conditions, health hazards, weather hazards, or climate extremes at locations to which you may travel. For information concerning possible dangers at destinations, OTA recommends reviewing the Travel Warnings section of the State Department website at <http://travel.state.gov>. For medical information, OTA recommends that you contact a local travel medicine clinic, and/or visit the Centers for Disease Control website at <http://wwwnc.cdc.gov/travel/>. INITIAL \_\_\_\_\_

You assume full and complete responsibility for checking and verifying any and all passport, visa, vaccination, or other entry requirements of your destinations(s), and all conditions regarding health, safety, political stability, and labor or civil unrest at such destination (s). If you are joining an active trip, you assume full and complete responsibility to determine the level of fitness and health required for participation. You hereby release OTA from all claims arising out of any problem covered in this paragraph and to submit all other claims against us within 30 days after the return of your trip. You agree that the courts in San Diego County will be the exclusive jurisdictions for all claims brought by you to OTA, and hereby submit to the personal jurisdiction of those courts. INITIAL \_\_\_\_\_

I HAVE READ THE FOREGOING WARNING, ACKNOWLEDGEMENT OF RISKS & RESPONSIBILITY, AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THE BOOKING FORM THAT I AM WAIVING VALUABLE LEGAL RIGHTS.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

# Outdoor Travel Adventures

## Information Form

### ROOMING PREFERENCE:

<b>Double Occupancy:</b> <input type="checkbox"/> One bed <input type="checkbox"/> Two beds    Sharing with who? _____
<b>Single Occupancy:</b> <input type="checkbox"/> Single (private room; single supplement charge may apply) <input type="checkbox"/> Single (willing to share)*
<i>* Single pairing with other travelers is not available on all trips, please check with your adventure consultant</i>

### FLIGHTS:

Unless otherwise noted, you will automatically be booked on any pre-determined group flights in economy class.

#### Flight Preferences

When booking group flights, we will make special requests to the airlines on your behalf. Please note that seating is never guaranteed until check-in, and exit row / bulkhead seats are only assigned by the airlines at check-in.

<b>Seating Preference</b> (i.e. aisle, window)	
<b>Meal Preference</b> (i.e. vegetarian, kids meal, etc)	

#### Frequent Flyer Information

Air Pacific has a mileage agreement with American Airlines and Alaska Airlines.

Please provide any/all frequent flyer numbers that you would like us to keep on file for you; use an additional page if necessary. Some airlines do not allow you to accrue mileage on special group fare tickets.

Name	Airline	Mileage Number
1)		
Name	Airline	Mileage Number
2)		

### NOTES:

- **Passports must typically be valid for at least 6 months from the date of travel.**
- **If you are not a US citizen, you will need to check visa requirements for the destination country.**
- **The name on your air ticket must match your passport exactly; please ensure that the name you provide to us is accurate to avoid significant airline change fees or possible denied boarding.**
- **Some airlines require you to reconfirm your flights.**

# Outdoor Travel Adventures

## Credit Card Charge Form

I authorize Outdoor Travel Adventures to make the charges specified below to the credit card listed. I understand that I am purchasing a package subject to strict change and cancellation policy.

Name _____	
<input type="checkbox"/> Check here if billing address is the same as the address noted on your booking form; zip code must be accurate to avoid billing problems and additional fees.	
Billing Address _____ _____	
Credit Card # _____	Exp. Date _____
Name on the card _____	
<i>NOTE: We will call you to request your credit card security code at the time of processing, so that information will not be stored (the Security Code is the 3-digit number on the back of your card above the signature panel; Amex has a 4-digit number on the front of your card.)</i>	
Signature to authorize charge _____	
Date _____	Amount authorized _____

Please fax completed form to (619) 225-1294  
Bookings can only be confirmed after this form has been duly completed and returned.

**NOTE:** This credit card form will be destroyed after your payment has been processed.

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Office use only:

Processed      Date \_\_\_\_\_      Amount \_\_\_\_\_