



# RESERVATION FORM

Please complete all pages of this form and sign it. All trip applicants must carefully read and sign the Travel Insurance, Medical and Liability Release sections. Use a separate form for each person. Send with \$1,500 deposit per person to: **Nature Expeditions International**, 1900 S. Ocean Blvd. #10-H, Pompano Beach, FL 33062 or E-mail to [info@natureexp.com](mailto:info@natureexp.com). You may pay your deposit by check, Venmo, Zelle, wire transfer or credit card. Convenience fee of \$65 will be applied to deposit by credit card.

*Please print or type.*

Trip Name 2407 PGH ZOO AK Travel Dates July 20 – 27, 2024

Full Name as it appears on your passport or government issued ID

Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

State of Health \_\_\_\_\_

Diet Restrictions \_\_\_\_\_

Passport Number \_\_\_\_\_ Citizenship \_\_\_\_\_

Place of Issue \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Where or how did you hear about Nature Expeditions International?  
\_\_\_\_\_

Have you taken any previous trips with Nature Expeditions International? If so, which ones (with year)?  
\_\_\_\_\_

Circle Bed/Room Preferences: Two twins/doubles or One Matrimonial; Smoking or Non-smoking

I wish to room with \_\_\_\_\_

\_\_\_\_\_ I prefer a single room at supplemental cost.

\_\_\_\_\_ I prefer a room and/or hotel upgrade. If so, please detail your preferences.  
\_\_\_\_\_

TRAVEL INSURANCE

\_\_\_\_\_ Please provide me with a quote for comprehensive travel insurance based on my complete trip cost.

If you do not wish to purchase travel insurance, please read and sign the following:

Nature Expeditions International has offered and explained the benefits of travel protective services and I willingly exercise my right in foregoing these said benefits with the understanding that I am traveling at my own risk.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or legal guardian must sign if under 18)*

MEDICAL RELEASE

Nature Expeditions International is not responsible for providing medical care, beyond general first aid, for trip members. In case of medical emergency, every effort will be made to insure the health and well-being of participants. Cost of emergency medical treatment will be the responsibility of individual participants and NEI urges participants to check medical coverage to make sure it is adequate. Some trips involve strenuous activity and hospital facilities are often remote or nonexistent. We may request a signed doctor’s recommendation certifying physical fitness if required by our local operators. Nature Expeditions International retains the right to disqualify anyone at any time during the trip if the leader feels it is medically necessary. Refunds are not normally given under such circumstances.

*I have read the Medical Release and agree to its provisions.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or legal guardian must sign if under 18)*

LIABILITY RELEASE

I have read the itinerary and related information pertaining to this trip which has been designed and is being conducted by Nature Expeditions International. I am aware of the terms and conditions of the trip involving refunds and cancellations, responsibility and liability. I understand that there are inherent dangers and risks that may occur with this trip, known or unknown, relating but not limited to air, bus, car and/or ship travel, nature walks and hikes, watercraft activity, swimming and scuba-diving, camera equipment, accidents and/or illnesses, and acts of nature, man or God.

In consideration of the right to participate in this trip, I hereby release Nature Expeditions International and their agents, associates, or related parties, from all responsibility for damages, injuries, losses, or delays due to any reason whatsoever and hereby assume all risks and dangers in connection with the trip.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or legal guardian must sign if under 18)*

In Case of Emergency Please Notify:

\_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

I have enclosed a deposit of \$ \_\_\_\_\_ for this trip. I understand that final payment is due 90 days prior to departure (or otherwise as required by our suppliers). The full terms and conditions are detailed on NEI’s website and in the General Information section of NEI’s detailed itineraries. I hereby affirm that I have read, fully understand and agree to abide by NEI’s terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or legal guardian must sign if under 18)*