



SAFARI VENTURES REGISTRATION FORM
The Wild Of Africa-Within Your Reach...

It is necessary for each person traveling with Safari Ventures Inc. to complete the following Registration form & Assumption of Risk and return to Safari Ventures Inc. upon completion.

Name [Mr] [Mrs] [Miss] Other _____ **PERSONAL INFORMATION**
 (Must be shown exactly as on Passport)

Address _____

City _____ State _____ Zip _____ Country _____

Email _____ Phone (H) _____ (W) _____

Date of Birth _____ Occupation _____

Passport No. _____ Place of Issue _____

Expiration Date _____ Nationality _____ Gender _____

"Must be valid for at least 6 months at time of travel"

The following information is required in case of emergency while you are on safari.

EMERGENCY INFORMATION

1) Name _____ Relationship _____
 Phone (H) _____ (W) _____ (C) _____

2) Name _____ Relationship _____
 Phone (H) _____ (W) _____ (C) _____

Tour Name _____

Date of Departure _____ City of Departure _____

TOUR INFORMATION

Special needs (dietary, disability, etc)

Travel Insurance (check one): Purchased or plan on purchasing _____ Declined: _____

Purchase of travel insurance is the responsibility of the participant or organizer(s). Please refer to the organizers requirements for further information and directive. Safari Ventures is not responsible should the participant ignore specific requirements or advise regarding the purchase of such insurance. Travel insurance can be purchased independently or through **Travel Guard (www.travelguard.com, Agent Code: 62051)**

ASSUMPTION OF RISK

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I, _____, acknowledge that I have voluntarily applied for this trip/ tour. I understand that I may travel to countries and areas that are inherently risky. I am prepared to assume risks associated with this trip/ tour including; forces of nature; terrorism; civil unrest; war; accidents; and transportation including land vehicles, boats, and aircraft that are not operated and maintained to the standards found in North America. I also assume risks associated with altitude, illness, disease, physical exertion, and alcohol consumption, knowing that access to evacuation and/or suitable medical supplies and support may not be available. By signing this document, I agree to take full responsibility for my own actions, safety and welfare, except for unanticipated events including injury, illness, emotional trauma, or death. I also understand that I will be a member of a group and will conduct myself in a way that will not endanger the group or myself. I understand that if I fraudulently represent my self as fit for this trip, I may be removed prior to or during my trip at my own expense.

I agree to release, indemnify, and hold harmless Safari Ventures from and against any claim which I, my parents or guardian, or any other person may have for any losses, damages, or injuries arising out of or in connection with my participation in the fellowship or in the program.

I have read, understood and agree to the terms and conditions set forth by Safari Ventures Inc. regarding this tour.

Signature _____ Date _____ **PLEASE FAX SIGNED COPY TO 813 887 4512**