



12398 Platten Rd., Lyndonville, NY 14098
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EXTENDED TOUR REGISTRATION FORM

TOUR INFORMATION

Tour Name: _____

Tour Start Date: _____ Deposit Amount Enclosed: _____

PARTICIPANT INFORMATION

(1) Name: _____ Gender (M/F): ____ Date of Birth _____

(2) Name: _____ Gender (M/F): ____ Date of Birth _____

Address: _____ City: _____

State or Province: _____ Zip or Postal Code: _____

Phone: _____ E-Mail: _____

MEDICAL & EMERGENCY INFORMATION

Do you have any physical or medical condition that would prohibit full participation in the tour? If yes, please state: _____

Will you be taking any medications during the tour that a medical professional should be aware of in the event of a medical emergency? If yes, please list medications and dosage: _____

Please list any dietary needs or concerns: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

ACCOMMODATIONS

Level of Occupancy (Single/Double/Other): _____

- If single, do you wish Lakeshore Nature Tours to provide a roommate? _____
(if one is not available, a single supplement fee will be applied to the tour cost).
- If double/other, I will be rooming with: _____
(if not listed on this registration form).

TRIP CANCELLATION AND MEDICAL EMERGENCY INSURANCE

Lakeshore Nature Tours strongly recommends that you consider purchasing Trip Cancellation Insurance (including Medical Emergency Insurance) to cover your financial investment in case of illness or injury before or during the tour. These policies are available from several sources, including AAA and your insurance broker. Due to early tour deposits and expenditures, Lakeshore Nature Tours refund policies are outlined in the Terms and Conditions for each tour. If you wish to purchase Trip Cancellation Insurance, but are having difficulty, please contact us for assistance.

RELEASE AND INDEMNITY AGREEMENT

Each participant named on this Lakeshore Nature Tours Registration Form desires to participate in the tour listed thereon. Therefore, each registrant knowingly and voluntarily waives, releases, saves, holds harmless and indemnifies Lakeshore Nature Tours, 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 (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 read the Terms and Conditions for the tour indicated on this registration form, and I/we understand, consent to, and agree to be bound by the conditions and provisions stated in those policies. Except for the health problems stated in the Medical and Emergency Information section of this registration form, each registrant is in good physical health and able to tolerate the physical demands of the tour.

I/we have read and understand this Release and Indemnity Agreement, which contains the entire and final agreement relating to the subject matter hereof. 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 the Release and Indemnity Agreement. The terms of this Release and Indemnity Agreement are contractual and not mere recitals.

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 of Registrant: _____ Date: _____

Signature of Registrant: _____ Date: _____