

WINGS Birding Tours Worldwide Reservation Form
(Please print legibly. One form per person, per tour. Signature required on reverse.)

1643 N. Alvernon Way, Suite 109, Tucson, AZ 85712 USA

Phone: 520-320-9868 or 866-547-9868 (toll-free from US + Canada) fax: 520-320-9373 email: wings@wingsbirds.com

Tour Name: _____
Tour Start Date: _____ Taking Tour Extension (if any): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(mm/dd/year)</i>
If yes, list extension(s): _____

Participant Details

Name (as it appears on passport): _____		
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Preferred Name (for mailings/documents): _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Profession (if retired, former profession): _____		
Date of Birth: _____	Have you traveled with WINGS before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(mm/dd/year)</i>		
Mailing Address: _____		
City/State: _____	Zip/Post Code: _____	Country: _____
Phone (Home): _____	(Work): _____	(Cell): _____
E-mail Address: _____		
<i>Unless the WINGS office is notified, your e-mail address and hometown will be included on the participant list for this tour.</i>		
In case of emergency, please notify: Name: _____ Relationship: _____		
Phone (Home): _____	(Cell): _____	(Work): _____

Passport Details (required for any tour outside the U.S.)

Passport Number: _____	Passport Nationality: _____
Exp Date: _____	Issue Date: _____ Issue Location: _____
<i>(mm/dd/year)</i>	<i>(mm/dd/year)</i>

Rooming Arrangements

- I would like single accommodations if/when available. *Single Supplement applies.* (see www.wingsbirds.com/about).
- I want to share a room. Please try to find a roommate for me. *If no roommate is available, Single Supplement applies.*
- I plan to share a room with _____ One bed Two beds
- I smoke or vape. I do not smoke or vape. I snore.

Health Information

Please assess your physical condition. Do you have any disability or illness that might restrict your full involvement in any aspect of the tour, or of which we should be aware for your safety (e.g., walking difficulties, diabetes, asthma, angina)?

Dietary Restrictions / Allergies / Special Requirements: _____

I use eBird to track bird sightings: Yes No

Tour Documents

Registration Packet: Tour Itinerary, General Tour Information, and a Potential Bird List will be sent to you by email after booking (PDF files). If you prefer to receive your Registration Packet by U.S. mail, check here:

Final Information Packet: Participant List, Hotel Contact Info, and meet-up instructions will be sent by U.S. mail, along with a Bound Field Checklist and WINGS luggage tags about a month before your tour. Do not send luggage tags

If you prefer to receive your Final Information by email ONLY (PDF files, no bound checklist or tags), check here:

Tour Summary: We will send a copy of the tour report by email (PDF file) several weeks after your tour concludes.

Payment Details

Registration Deposits may be made by credit card (Visa, MC, AmEx, Discover), check, money order, or bank transfer.

Please note we may occasionally require additional deposits. Contact the WINGS office for bank transfer details.

Payment Method: Check/Money Order enclosed, payable to WINGS Charge to Visa, MC, AmEx, Discover card

Deposit Amount: \$ _____ (For tours under \$10,000, and any unpriced tour, enclose a deposit of \$500 per person. Tours over \$10,000 require a deposit of \$1000 per person. \$250 of the deposit is non-refundable upon receipt. For cruise deposit amounts, please contact office.)

Name on Card: _____ Security code: _____

Card number: _____ Exp Date: _____
(mm/year)

Billing address (if different from mailing address): _____

I will make payment by credit card or ACH online <https://wingsbirds.com/payments-reservations/>

I prefer to provide my credit card details by phone. I will call the WINGS office to make payment within 10 days.

Signature of Cardholder: _____ Date: _____
(mm/dd/year)

IMPORTANT: Please read **About WINGS Tours** on the WINGS website, www.wingsbirds.com/about, for our Terms and Conditions, including important information on payments, refunds, cancellations, and the way we run our tours.

By signing this form, you are acknowledging that you have read and understand this material.

Participant Signature: _____ Date: _____
(mm/dd/year)

Please send your completed reservation and release forms and deposit(s) to WINGS Birding Tours Worldwide

Mailing address: 1643 N. Alvernon Way, Suite 109, Tucson, AZ 85712, USA Email: wings@wingsbirds.com

Phone: 520-320-9868 or 866-547-9868 (toll-free from US + Canada) Fax: 520-320-9373

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ASSUMPTION OF RISK AGREEMENT

I, _____, acknowledge I have voluntarily registered for the _____ tour, scheduled to take _____ place (dates) _____. As outlined in the Terms & Conditions, I understand I may travel to remote countries and remote areas that are inherently risky and perhaps far from medical care. I am prepared to, and by signing below agree to, assume the risks associated with this tour including (but not limited to): forces of nature, terrorism, civil unrest, war, accidents, and local transportation including land vehicles, boats, and aircraft not operated or maintained to North American standards. I assume the risks associated with altitude, illness, disease, physical exertion, and alcohol consumption, knowing that access to evacuation and/or suitable medical care may not be available. By signing this Agreement, I agree to take full responsibility, at all times, for my own actions, safety and welfare. I understand 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 falsely represent myself as fit for this trip, I may be removed prior to or during the trip at my own expense.

I, _____, agree the venue for resolving any controversy or claim arising out of or relating to this Agreement or the performance of it, including, without limitation, any claim relating to bodily injury, property damage or death, shall be Tucson, Arizona (Pima County), U.S.A. I agree any such controversy or claim will be governed by Arizona law. I agree to make a good faith effort to mediate any such controversy or claim (in the same venue) prior to initiating any litigation. I recognize that mediation is a necessary prerequisite to a lawsuit. The parties to the mediation will split the cost of the mediator. If they cannot efficiently agree upon the identity of the mediator, each will select a person skilled in mediation, at each party's own expense, and those two individuals will select a neutral third party, who will act as the sole mediator. The parties hereby voluntarily, knowingly, irrevocably and unconditionally waive any right to have a jury participate in resolving any dispute (whether based upon contract, tort or otherwise) between or among the parties arising out of or in any way related to this agreement or any relationship between the parties. This provision is a material inducement to each party to enter into this agreement.

I recognize and agree that in the event of litigation arising out of or relating to this Agreement or my performance thereunder, the prevailing party will be entitled to recover its reasonably expended attorney's fees and all other related expenses.

U.S National Parks addendum: Nothing in this Assumption of Risks Agreement shall be interpreted as the participant releasing WINGS from liability for injuries, damage, death, or other loss to participant or others that may occur within the jurisdiction of the National Park Service and is caused by WINGS negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to WINGS judgments and decisions, or WINGS failure to take reasonable precautions to ensure it provides defect-free equipment.

Signature of Registrant

Date

11/22