



Adventure, Trip and Tour Reservation Form - US and Canada

Important: This completed and signed form is required prior to traveling with The Walking Connection.

Please complete, scan & return to info@walkingconnection.com.

Fax To: 623-572-7495 ATTN: WALKING CONNECTION (#410)

Thank you for choosing to travel with The Walking Connection. To register for a trip, please print out, complete and sign one form for each person traveling on the trip. Initial Deposit(s): Use this reservation form for all Walking Connection trips. If you are signing up using a special Walking Connection promotion, please enter the name of the promotion below, complete the form and submit payment required by the promotion. Please refer to the trip flier or web page to determine the deposit due with your reservation. Reservations without a full deposit will not be accepted. Any deposit you make using this form is 100% refundable until The Walking Connection confirms it in writing via e-mail and/or USPS mail that you have been accepted for the trip. Acceptance will be deemed complete on the day the confirmation is sent by The Walking Connection, not the USPS postmark or day it was received. All prices and reservations for international tours are subject to currency fluctuation. Upon receipt of this completed form and your initial deposit, we will send you a confirmation of acceptance for the tour, the specific details of the cancellation and penalty clause for the particular tour you chose and an invoice for any additional deposit due.

Name: \_\_\_\_\_ Departure Date: \_\_\_\_\_ YOUR DATE OF BIRTH \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_ Best Phone To Reach You: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St./Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Room Occupancy Preference: Single \_\_\_\_\_ Dbl. \_\_\_\_\_ Triple \_\_\_\_\_ Quad \_\_\_\_\_ Bedding Preference: King (1 Bed) \_\_\_\_\_ Double (2-Beds) \_\_\_\_\_ Rollaway \_\_\_\_\_

Accommodations and Hotel Room Information: All Walking Connection Tour pre-booked rooms are requested to be non-smoking. Smoking rooms are requested by special request only. All room requests are on a space available basis only. Your preference will be submitted and requested of the accommodations we are using for the adventure and are subject to space availability. They are not guaranteed at the time of your request. Your request will be confirmed prior to final acceptance for the adventure.

Meals: Diabetic \_\_\_\_\_ Vegetarian \_\_\_\_\_ Allergies \_\_\_\_\_ Medications: \_\_\_\_\_

Statement of Health:

[ ] My physical condition and my health are such that I am able to participate fully in the adventure.

[ ] I have physical, mental limitations and/or diet restrictions as follows: \_\_\_\_\_

NOTE: While The Walking Connection makes every effort to accommodate all travelers, we reserve the right to deny tour membership to those individuals with special restrictive dietary requirements or physical disabilities/limitations, or mental limitations that in our sole opinion, we or our vendors may not be capable of meeting.

Waiting List Policy: On occasion, Walking Connection tours sell out and a waiting list is formed. If this should happen, the following policy will apply. To be put on the waiting list, a fully refundable deposit is due with reservation. If space becomes available, you will be notified at that time & if you choose to go, the standard cancellation policy will then apply. If not, your money will be refunded in full.

Special Conditions: All prices are based upon tariffs and exchange rates at the time the tour was originally booked and are subject to change without notice. Therefore, there may be minor changes in the final price due to these changes.

Travel Insurance: The Walking Connection strongly recommends the purchase of comprehensive travel insurance that include medical treatment, emergency transport and evacuation, trip cancellation protection, personal liability and luggage insurance. If you choose to use our preferred carrier CSA Travel Protection, please refer to our website for more information and a confidential price quote or call the Walking Connection offices. If you choose to use another company, please email us the name and contact information of the company and your policy number.

Participant Release and Consent to Engage in Potentially Dangerous Activity

By signing this Release, I, the undersigned Participant, acknowledge and agree to the following terms: Definitions: The following definitions will apply to this Release: "Walking Connection," "iConquer.co," or "Conquer The Canyon" means Taylor Marketing and Management, LLC., d.b.a., The Walking Connection. "Walking Connection and its Sponsors and Affiliates" means Taylor Marketing and Management, LLC., d.b.a., The Walking Connection and their affiliates, and all of their respective owners, members, officers, directors, employees, agents, volunteers, and representatives. "Walking Connection Adventure" means a walking and hiking trip to/at/in any destination anywhere in the world conducted by The Walking Connection, as more fully described in the information provided to me by the Walking Connection and any sponsor. "I", "Me", or "Participant" means me, the person signing this Release. "Release" means this Participant Release and Consent to Engage in Potentially Dangerous Activity.

WARNINGS: Participating in any Walking Connection Adventure involves potentially strenuous physical activity. You should consult with a doctor prior to engaging in the Adventure or any training in preparation for the Adventure. Exercise is only one part of being healthy, seeing your doctor is another. If, at any time during a training session (whether it is a group session, individual personal training session, self-training session, pre-event training, or other related team activities), you suffer any mishap or injury, we urge you to stop your activity immediately and seek professional medical attention. Any materials provided to you by the Walking Connection, its Sponsors and Affiliates is intended to provide general information about walking, hiking, safety while participating in the Adventure, and other events and tours. It is not intended, to act as a medical manual, or guide to self-treatment. Keep in mind that exercise, health and nutritional needs vary from person to person, depending on age, gender, family medical history, current health status, and other individual factors. Before engaging in these, or any other exercise, or recreational activities, we urge all individuals to consult a qualified health professional. He or she is best qualified to advise you about your specific health status, needs and ability to participate in any physical activity.

I am aware that participating in the Adventure includes participating in activities that have certain inherent risks. These activities include, but are not limited to: walking, trekking, hiking, boating, and animal viewing. Some of these activities may occur in remote and wilderness areas. I am further aware that, should I incur any illness or injury during the Adventure, access to emergency personnel, doctors, and hospitals or other treatment facilities may be limited, and that there may be long delays and difficult and potentially painful travel to get to a hospital or other treatment facility. These delays and travel conditions may cause any illness or injury to become worse during such delay and due to such travel required to reach needed professional help. WHILE UNLIKELY, THE RISKS INVOLVED IN PARTICIPATING IN THE ADVENTURE INCLUDE THE RISK OF DEATH OR SERIOUS BODILY INJURY. Representations: I acknowledge that: Walking Connection and its Sponsors and Affiliates would not allow me to participate in the Adventure unless I agree to the terms of this Release. I desire to participate in the Adventure. I am agreeing to participate in the Adventure as a free and voluntary act. I recognize that participating in the Adventure has certain inherent risks. I have been advised of the Warnings listed above. Assumption of Risk and Release: As part of the consideration for participating in the Adventure and any related activity: I ASSUME ALL OF THE RISKS ASSOCIATED WITH PARTICIPATING IN A WALKING CONNECTION ADVENTURE. I release and discharge Walking Connection and its Sponsors and Affiliates from any and all claims which I have or may have in the future against Walking Connection and its Sponsors and Affiliates arising out of or in any way related to my participation in the Adventure. Without limiting the foregoing, this release includes a release of all claims I may have for wrongful death, injury or property damage. This release will be binding on all of my heirs, successors and assigns. Right to Use Name and Likeness: I further grant Walking Connection and its Sponsors and Affiliates the right to use my name, voice, likeness, and image, including photograph and electronic pictures or video showing or describing my participation in the Adventure, in any advertising of any type, without payment of any additional consideration. I further waive any right I may have to review or approve the use of my name, voice, likeness or image. I execute this Hiker Release and Consent to Engage in Potentially Dangerous Activity on the date set forth below.

In case of emergency:

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Relationship \_\_\_\_\_ Best Phone # \_\_\_\_\_

Travel Protection and Medial Insurance Acceptance/Waiver:

[ ] I am purchasing Travel Protection and Medical Insurance. Please enter the Company Name and Policy # (If you have it) \_\_\_\_\_

[ ] I elect NOT to purchase Travel Protection and Medical Insurance. I realize that I am financially responsible for all medical treatments, emergency response, evacuation and all other expenses associated with any medical treatment I may require on this trip. I also understand that local services can be denied if I am unable to pay for medical expenses in advance with local currency and that I am fully responsible for any and all consequences of said lack of treatment.

I hereby agree to the terms as outlined by this registration form. (I further understand that additional forms or information may be required from me based upon your answers to the above questions).

Participant Signature - Date

Please complete one form for each person traveling. Sign each form. Use back of sheet to tell us anything else you think we should know. Make your check/money order payable to and mail to: The Walking Connection, 6635 W. Happy Valley Rd., Suite A104-410, Glendale, AZ 85310