

BOOKING and RELEASE FORM – Southern France, 2018

**PLEASE ATTACH A COPY OF YOUR PASSPORT TO THE COMPLETED FORM**:

First Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seat request (**will do our best**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Single Supplement: Yes \_\_\_\_No\_\_\_\_

Sharing with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

United Frequent Flyer #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meal requests /Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned intends travel to France on a program administered by **Journeys International, Inc.** The undersigned has been informed that travel and other activities can be dangerous for a variety of reasons and may result in injury or loss of life and/or damage to property. The under- signed has been informed that neither **Journeys International, Inc**. nor anyone on its behalf has obtained insurance to insure the undersigned or her/his property. The undersigned understands that if he/she wants to insure himself/herself and his/her heirs, successors and assigns, the undersigned will obtain such insurance at his/her own cost. The undersigned hereby waives, releases, acquits, exonerates and discharges any claim, cause of action, demand or right of recovery against **Journeys International, Inc.**, its agents, employees, heirs, successors or assigns (the released parties) for any personal injury (including psychological injury), death, damage or loss arising out of, or any way related to, the said trip to France, the United States or in transit. The undersigned expressly understands that this Waiver and Release constitutes a bar to any and all claims against any of the released parties arising out of any claim waived or released herein. The undersigned has entered into this Waiver and Release of his/her own free will and accord, not being influenced by any representation of the released parties or by any other person. This document contains the entire agreement between **Journeys International, Inc.** and the undersigned concerning any liability, is severable and may be amended only in writing signed by **Journeys International, Inc.** and the undersigned. I HAVE CAREFULLY READ THE FOREGOING

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print your name Signature Date

Mail completed form and copy of passport to:

Rosa Carlson, **Journeys International, Inc.** – 49 Verano Loop – Santa Fe NM 87508