

**OTUS ASIO TOURS LLC
TOUR REGISTRATION FORM**

TOUR NAME:

TOUR DATES:

NAME (S): _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE: (H) _____ **CELL:** _____

DATE OF BIRTH _____ **E-MAIL** _____

A DEPOSIT OF \$500 PER PERSON IS REQUIRES UNLESS ANOTHER AMOUNT IS STATED IN THE TOUR ITINERARY. PLEASE MAKE CHECKS PAYABLE TO OTUS ASIO TOURS LLC AND MAIL THIS FORM TO:

***JAN HANSEN
OTUS ASIO TOURS LLC
900 HILLSBOROUGH ROAD
CHAPEL HILL NC 27516
919-259-9423***

UNLESS OTHERWISE STATED IN THE TOUR ITINERARY THE BALANCE OF PAYMENT WILL BE DUE 12 WEEKS PRIOR TO DEPARTURE DATE.

_____ I wish to have a single room, wherever possible, at additional cost.

_____ I have a roommate: _____

_____ I wish to be provided a roommate, but if none is available I will pay the single room supplement amount stated in the itinerary. (I am / am not a smoker.)

Do you have any medical or physical condition we should know about that may hinder or affect your ability to participate in this tour. If so please explain. _____

Emergency Contact: Name _____ Phone _____

YOUR REGISTRATION IS SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE RELEASE AND WAIVER OF LIABILITY FORM ON THE REVERSE SIDE OF THIS FORM. YOU WILL NOT BE CONFIRMED UNTIL YOU HAVE SIGNED THIS AGREEMENT

CONDITIONS AND RESPONSIBILITIES

I am aware that nature travel, wherever it may be and by whatever means, contains some inherent risks of injury, illness or death. I understand that these risks can be known or unanticipated, and that they cannot be removed without jeopardizing the essential quality of the activity. I understand that these risks may be present before, during, or after the trip in which I am participating; and I am aware that medical assistance or facilities may not be readily available or accessible during some or all of the time during the trip. I have read the schedule of activities and all other information provided, and recognize and accept all risks associated with this trip. Except for the medical conditions listed on the reverse side, each registrant is in good physical health and is able to tolerate the physical demands of the tour. I understand and agree on behalf of myself, my dependents, heirs, administrators, and assigns to release and hold harmless Otus Asio Tours and Jan Hansen from any and all liability for delays, injuries, or death, or for the loss of or damage to property, however occurring in relation to the trip.

DATE _____

Signature of registrant

DATE _____

Signature of registrant

CANCELLATION AND REFUNDS

Cancellation 90 or more days prior to departure date: All monies paid less and non-refundable deposits will be returned

Refunds for trips cancelled by participants less than 90 days from departure will be limited to that which can be recouped from vendors, airlines and booking agencies. This may be as little as 25% of the amount paid