

REGISTRATION FORM

Complete in full and mail to *Joseph Van Os Photo Safaris*, PO Box 655, Vashon, WA 98070 or fax to 206-463-5484 or email to info@photosafaris.com.

Tour Sub-Antarctic South Georgia Departure Date October 5th 2012

First and Last Name _____
(For Participant List)

Mailing Address _____
(If PO Box, also note street address for FedEx deliveries.)

City _____ State / Country _____ Postal Code _____

Home Phone _____ Work Phone _____

Fax _____ Cell Phone _____

Email _____ I prefer documents be sent by mail
(Final documents are mailed.)

Date of Birth _____ Country of Birth _____
(Month / Day / Year)

Occupation _____ Male Female Smoking Non-Smoking

Medical / Mobility Restrictions / Allergies / Dietary Requirements _____
(We assume no responsibility for medical care or for special dietary requirements.)

We will provide a quote for optional travel insurance with confirmation of your deposit or you may call our office for an immediate quote. (Please note that some tours require a certain level of coverage—see Enrollment Information.) If you do not want travel insurance, please sign below.

I DO NOT want insurance: Signature _____ Date _____

PASSPORT INFORMATION (for international tours only):

Name (exactly as it appears on your passport) _____

Passport # _____ Place of Issue _____

Issue Date _____ Expires _____ Citizenship _____
(Month / Day / Year) (Month / Day / Year)

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship to Traveler _____

City _____ State / Country _____

Home Phone _____ Work Phone _____

Cell Phone _____

ACCOMMODATION INFORMATION:

Name of Roommate _____ Assign a Roommate if possible

Hotel Occupancy: Single Room Double Room (2 persons)

Bed Preference: One Bed Two Beds Bed Size (if available): King Queen

PAYMENT:

Send credit card information by fax or mail. Our fax number is **206-463-5484**.

If scanning this form and sending electronically, leave the card number blank, and phone credit card details to our office at **206-463-5383**.

Deposit \$ _____ Card # _____
(VISA or MasterCard only)

Expiration Date _____ Security Code _____

If the billing address for this card is different from the address shown on the previous page, please write it below.

Signature _____ Date _____

A letter of confirmation will be mailed upon receipt of deposit. Reservations are accepted in the order received.

RELEASE AND ASSUMPTION OF RISK:

I am aware that during any trip or tour that I am voluntarily participating in under the arrangements of Joseph Van Os Photo Safaris, Inc., a Washington corporation, and its employees, agents and associates, certain risks and dangers exist while traveling in the United States, foreign countries, and wilderness areas in any country or territory that include the possibility of property damage, bodily injury and death. There is a possibility of accident or illness occurring without access to immediate or timely medical treatment or facilities. There is a risk of tropical or communicable diseases, food-related illnesses, the potential for personal injury and property damage or delay by forces of nature, wildlife or wildlife models, quarantine, political instability, terrorism, strikes, government restrictions or regulations change, thefts, pilferage and accidents during travel while on foot or by aircraft, train, automobile, van, bus, boat, ship or other conveyance. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of this trip or tour. In consideration of, and as part payment for the right to participate in such trips, tours and/or other activities and services arranged for me by Joseph Van Os Photo Safaris, Inc., its employees, agents and associates, I have and do hereby assume all risks, and hereby release Joseph Van Os Photo Safaris, Inc., its employees, shareholders, agents and associates, and will hold them harmless from any and all liability, actions, causes of actions, debts, claims, and demands of every kind and nature, howsoever caused, which I now have or which may arise of or in connection with any of my trips or tours and participation in any activities arranged for me by Joseph Van Os Photo Safaris, Inc., its employees, agents and associates.

Should Joseph Van Os Photo Safaris, Inc., or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify them and hold them harmless for all such fees and costs. In the event a lawsuit is filed, I agree to do so solely in the County of Lewis in the State of Washington and further agree that the substantive law of that state shall apply in that action without regard to the conflict-of-law rules of that state. The terms hereof shall serve as a release and assumption of all risk for myself, my heirs, executors and administrators, and for all members of my family.

Certain ship owners require the use of pre-printed ticket forms which limit the ship owner's and operator's liability. When such tickets are used, I am bound by the terms of these tickets with respect to my legal relationship to the owners and operators of the ship, their agents (Joseph Van Os Photo Safaris, Inc.), and the ship's crew.

I have read and agree to the terms and provisions of the Enrollment Information, as stated in the Joseph Van Os Photo Safaris catalog/website/brochure pertaining to my trip, especially noting the policy on cancellations, refunds, and limitations on responsibility.

If any part, article, paragraph, sentence or clause of this Agreement is not enforceable, the affected provision shall be curtailed and limited only to the extent necessary to bring it within the requirements of the law, and the remainder of the Agreement shall continue in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Joseph Van Os Photo Safaris, Inc., its employees, shareholders, agents and associates, on the basis of any and all claims from which I have released them.

I have had sufficient time to read this entire document, I have read and understood it, and I agree to be bound by its terms.

Print Name _____

Signature _____ Date _____

Thank you for joining us!

Joseph Van Os Photo Safaris

P.O. Box 655

Vashon, WA 98070

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info@photosafaris.com

www.photosafaris.com