

Tour/Trip Registration, Waiver and Emergency Form

Name of Trip: _____ Departure Date: _____

PLEASE TYPE OR PRINT & COMPLETE THIS FORM AND RETURN IT TO:

GDP Tours

Mailing Address: P. O. Box 363, Billings, MT 59103

Office: (406) 256-1492 Toll Free: (888) 827-1492 www.gdplanners.com lily@gdplanners.com

Dear Traveler(s):

We are delighted that you will be traveling with us. Each traveler needs to fill this form for emergency contact purposes and for confidential use by the tour escorts.

Your Name: _____ Home Ph: _____ Bus/Cell: _____

Address: _____ City/ST/Zip: _____

Email: _____ Date of Birth: Month ____ Date ____ Year ____

ROOM: Single __ Double __ Triple/Quad __ Need Roommate __ Smoking __ Non-smoking __

Rooming with: _____

Celebrating special occasion, such as birthday/anniversary on this trip: _____

IN CASE OF EMERGENCY, CONTACT:

Name: _____ Relationship: _____

Home Phone: _____ Other Phone: _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____

List allergies to medication, food, and any Health and/or Medical Issue(s):

PAYMENTS / DEPOSITS / CANCELLATION:

Payment(s) for this trip is to be made to: **GDP Tours**

- Without travel protection/insurance coverage, if you cancel 90-60 calendar days before departure, you will forfeit amount equal to the deposit paid.
- If you cancel 59-30 calendar days before departure, you will forfeit 50% of gross fare.
- If you cancel 29 calendar days or less before departure, you will forfeit 100% of gross fare.

HOLD HARMLESS/RELEASE:

In consideration of being allowed to attend & participate in the above named tour/trip, I agree to hold harmless and forever release Group Destination Planners, LLC, GDP Tours, Adult Resource Alliance, Billings Community and Senior Center, City of Billings, and all affiliates, their agents, and employees from any and all cause or causes of action, claims, costs, and liabilities of any kind, nature or description involving or relating to any and all harm, injury or damage suffered or sustained by me in any manner arising out of this tour/trip. This "hold harmless/release" applies to my heirs, personal representatives, successors and assigns.

I further certify that I am In sufficient health and Independently capable of making this tour/trip.

I have read the above information and agree to the terms and conditions of the travel arrangements.

SIGNATURE

DATE