

RESERVATION FORM

Please complete all pages of this form and sign it. All travellers must read and sign the Travel Insurance, Medical & Liability Release sections. Use a separate form for each person in your party. Send with a deposit of \$1,000 per person or as directed by your travel consultant to: NEI at 1900 S. Ocean Blvd. #10H, Pompano Beach, FL 33062. You may also send by e-mail.

Please print or type.					
Trip Name		Departure Date			
Full Name as it appears on yo	ur passport:				
Surname	C	iven Names			
Mailing Address		City	State _	Zip	
Home Phone ()		Mobile Phone ()		
Birth Date1	Place of Birth		_Age	Sex	
Email		Occupation			
State of Health					
Diet Restrictions					
Passport Number	Citizenship				
Place of Issue		Issue Date	Ex	xp. Date	
Where or how did you hear ab	oout Nature Expeditions	International?			
Have you taken any previous	trips with Nature Expedi	itions International? If	so, which ones (with year)?	

TRAVEL INSURANCE	
Please provide me with a quote for comprehensive trav	el insurance based on my complete trip cost.
If you do not wish to purchase travel insurance, please read and Nature Expeditions International has offered and explained the exercise my right in foregoing these said benefits with the unconstant.	e benefits of travel protective services and I willingly
Signature(Parent or legal guardian must sign if under 18)	Date
(Parent or legal guardian must sign if under 18)	
MEDICAL RELEASE	
Nature Expeditions International is not responsible for provided members. In case of medical emergency, every effort will be the participants. Cost of emergency medical treatment will be the participants to check medical coverage to make sure it is adequive hospital facilities are often remote or non-existent. We may rephysical fitness if required by our local operators. Nature Expanyone at any time during the trip if the leader feels it is medical such circumstances. I have read the Medical Release and agree to its provisions.	made to insure the health and well-being of responsibility of individual participants and NEI urge uate. Some trips involve strenuous activity and equest a signed doctor's recommendation certifying editions International retains the right to disqualify
Signature	Date
Signature(Parent or legal guardian must sign if under 18)	
LIABILITY RELEASE	
I have read the itinerary and related information pertaining to conducted by Nature Expeditions International. I am aware of and cancellations, responsibility and liability. I understand that with this trip, known or unknown, relating but not limited to a watercraft activity, swimming and scuba-diving, camera equipman or God.	the terms and conditions of the trip involving refunds the there are inherent dangers and risks that may occur ir, bus, car and/or ship travel, nature walks and hikes,
In consideration of the right to participate in this trip, I hereby agents, associates, or related parties, from all responsibility fo whatsoever and hereby assume all risks and dangers in connection.	r damages, injuries, losses, or delays due to any reason
Signature(Parent or legal guardian must sign if under 18)	Date
(Parent or legal guardian must sign if under 18)	



Email
Relationship
for this trip. I understand that final payment is due 90 days prior to y our suppliers). The full terms and conditions are detailed on NEI's website on of NEI's detailed itineraries. I hereby affirm that I have read, fully I's terms and conditions.
Date nust sign if under 18)