



# Traveler Booking Form

## Belize Rainforests, Ruins, and Reefs

10-18 January 2020

Cost: \$3,794 pp (USD)

My Own Room: \$600 (additional USD)

### Traveler Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

e-mail: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_ Gender: F M Trans

Are you a UWSP Alum or UWSP Student? \_\_\_\_\_ Gender Non-conforming Other

If yes, please circle one: Alum (Graduation Year? \_\_\_\_\_) Student

Are you a member of NWI? Please circle one: Yes No

Roommate Request: \_\_\_\_\_ → Relationship: \_\_\_\_\_

Rooming Preference: \_\_\_\_\_ Please contact me to discuss:

Emergency Contact (someone not traveling with): \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

We highly recommend purchasing travel insurance. If you don't have a preferred provider and would like to purchase the same traveler insurance as your tour leaders, Cultural Insurance Services International (CISI) is available to you:  Yes, I'm interested and please email me info.  No, I'd like to decline.

### Health Information

I am in good general physical health: Yes No Mostly

I have the following medical physical conditions that may limit my activities: \_\_\_\_\_

Please list any allergies you may have: \_\_\_\_\_

Dietary or other personal needs or restrictions: \_\_\_\_\_

\*Every effort will be made to accommodate special needs/ requests but cannot be guaranteed.

### How did you hear about UWSP Adventure Tours? Were you referred by someone? (Please circle or write in referral source)

Article in local paper Email from UWSP Adventure Tours UWSP Alumni Association Facebook Ad

Faculty - Campus Announcements Student - Campus Announcements Magazine/Newspaper Ad

Presentation Web Search Word of Mouth Aldo Leopold Audubon Society Faculty/Staff MOD/SMOD

National Wellness Association

Or other: \_\_\_\_\_

Discount Code?

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## Adventure Tours University of Wisconsin - Stevens Point

### Terms and Conditions

As a traveler with UWSP Adventure Tours, it is important to review the following travel information:

**Deposit and Payment:** A \$300 non-refundable deposit is required to confirm your booking. The deposit will be applied towards the cost of your trip. **All final payments are due no later than 45 days prior to departure.**

**Referral Bonus & Discounts:** Receive \$50 off your tour for each traveler you refer. If you refer 3 people then you get \$150 off your tour, etc. The referrals can be family, friends, co-workers, etc. UWSP students & alumni get a \$50 discount. The referral bonus and all other discounts will be applied to your final payment.

**Cancellations and Refunds:** Cancellations of tours must be made in writing up to 16 weeks prior to departure and will be refunded in full less your nonrefundable deposit. Requests made within 16 weeks of and prior to 45 days before departure will be refunded 50% of the tour payments (excluding your nonrefundable deposit). Cancellations made within 45 days of departure will not be refunded. ***Nonrefundable deposit exception:*** *Deposit and current payments can only be refunded at 60% through an appeal in writing up to 16 weeks prior to departure. To appeal, a traveler must present in writing to UWSP Adventure Tours for review, the related hardship and proof of "no cancellation coverage" from travel insurance.*

**If We Cancel A Tour:** UWSP Adventure Tours reserves the right to cancel this tour due to force majeure or any other reasons beyond our control. We also reserve the right to cancel this tour in cases of inadequate numbers of bookings or for safety concerns. If this happens, we will refund your tour in full for land costs. UWSP Adventure Tours is not responsible for additional expenses incurred by you in preparing for the tour (e.g. non-refundable plane tickets, visa fees, gear, travel insurance, extra accommodations, or medical expenses).

**Refunds for Missed Days:** We are unable to grant refunds for any missed portions of your tour because of missed or delayed flights. Additionally, no refund is guaranteed for any feature of the tour not used as a result of weather, earthquake, personal health, or social disturbance.

**Insurance:** UWSP does not provide travel insurance, medical insurance, or emergency evacuation and thus you are 100% responsible for these expenses. We strongly advise you purchase travel insurance as soon as possible because some insurance providers only guarantee certain benefits within a short time after you made this tour deposit. You can learn more and compare travel insurance companies on this website:

<http://www.travelinsurancereview.net>

**Traveler Orientation:** A group orientation will be scheduled 2-3 months prior to your tour. The Program Manager and/or Tour Leader(s) will be in touch down the road to schedule this with you.

As a traveler with UWSP Adventure Tours, it also is our policy to secure your consent for the following:

**Assumption of Risks**

**Hold Harmless, Indemnity, and Release**

**Consent for Emergency Treatment**

**Photo/Video Release**

Through booking this tour, I desire to participate voluntarily in recreational activities through the University of Wisconsin – Stevens Point.



## Adventure Tours University of Wisconsin-Stevens Point

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT **WALTER CLARK**, Director of Safety and Loss Control, AT TELEPHONE NUMBER 715-346-2320.

### **Assumption of Risks:**

I understand that physical activity related to touring Belize, its very nature carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for my by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

### **Hold Harmless, Indemnity and Release:**

In consideration of permission for me to voluntarily participate in Belize Rainforests, Ruins, and Reefs 2020 today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

### **Consent for Emergency Treatment:**

I authorize the University of Wisconsin - Stevens Point and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

### **Photo/Video Release:**

I understand that UWSP Adventure Tours may take photos and/or videos of travelers and activities. I agree that the University of Wisconsin shall be the owner and may use such photos and/or videos relating to the promotion of future tours. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos. If I don't wish photos or videos of myself be used, I will notify UWSP Adventure Tours in writing. I certify that the information I have provided on this form is accurate and correct. I have read and agree to the above terms and conditions. Enclosed is my non-refundable \$300 deposit to reserve a space for me on this tour.

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Date

*\*minimum age to participate is 8*

**Please make checks payable to: "UWSP Adventure Tours"**

**Send to:** UWSP Continuing Ed., 2100 Main St., 032 Main Bldg., Stevens Point, WI 54481