



Booking Form

Thank you for allowing us to create your dream vacation. **Complete** one form per household and send a copy of each traveler's **Passport** to your Travel Designer. **Deposits/Payments** will be processed via a secure email link. Airfare and other travel components may require you to complete a separate credit card authorization form.

Traveler Information

1) Last Name / First & Middle <i>(as appears on your passport)</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>		Email		
Medical conditions?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Details _____		
Dietary requirements / requests?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Details _____		

2) Last Name / First & Middle <i>(as appears on your passport)</i>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>		Email		
Medical conditions?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Details _____		
Dietary requirements / requests?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	Details _____		

To fill out names for minors or additional adults in the same household, please see Appendix I

Additional Contact Details

Address: Street	Best Cell Number while traveling
Address: City, State Zip	Best Email while traveling
Emergency Contact: Name & Relationship	Emergency Contact: Phone & Email

Travel Preferences

For Double Occupancy Rooms One bed <input type="checkbox"/> Two beds <input type="checkbox"/>	
Flight Seating Preference (i.e. aisle, window)	Special Flight Meal (if required)

Frequent Flyer Information *(email any additional mileage numbers to your Travel Designer)*

Name	Airline	Mileage Number
Name	Airline	Mileage Number

NOTE: Some programs do not allow mileage accumulation on discounted fares; if mileage is important to you, please notify your Travel Designer

Global Entry / Known Traveler Number *(if applicable)*

Name	Number
Name	Number



Booking Terms & Liability Release

YOUR AGREEMENT WITH OUTDOOR TRAVEL ADVENTURES INC (OTA): Before we make arrangements for your package trip or custom tour, we require that you sign this form; your signature and/or initial payment will signify your agreement with the following terms and conditions. Outdoor Travel Adventures, Inc. (OTA) acts as a sales agent for various tour operators and travel suppliers.

BOOKING PROCESS & RELATED FEES: A non-refundable Travel Curation Fee of \$200 total is required to initiate booking; once space is confirmed, an additional deposit equal to 25% of the total trip cost is required within 2 weeks. Deposits will apply to the balance of the trip cost, however the Curation Fee does not. The balance is payable 60-90 days prior to departure and may vary according to operator policies. For Foreign Currency priced trips, you will receive pricing in the foreign currency with the USD equivalent at the current exchange rate. At final payment, the USD pricing for the full trip cost will be recalculated according to the estimated spot rate of exchange for that date. Your payment will be processed in US Dollars, unless otherwise explained and authorized. If an operator has policies outside our normal terms, we will provide you with those details.

Air Booking Fees: a \$50 fee per person will apply for managing flight reservations and airline tickets. Additional fees will apply for changes, extenuating circumstances and last-minute bookings. We reserve the right to make changes to any of our booking conditions should any unforeseen or exceptional circumstances arise.

CANCELLATIONS/CHANGES: Upon booking and prior to a deposit being charged, please inquire about cancellation policies for your specific arrangements. Cancellation of an air arrangement is subject to the restrictions of your ticket and policies of the airline. We charge an additional \$50 fee per person for air cancellation or change. Custom Itinerary Cancellation Policy: Travel Curation Fee: non-refundable; more than 60 days prior to departure: 25% of trip is cost non-refundable; 31-60 days prior: 50% of trip cost is non-refundable; 30 days or less prior: 100% of trip cost is non-refundable. Cancellations must be received in writing. Changes/Cancellations to any non-custom tour packages or hotel arrangements are subject to specific fees imposed by the tour operator. Rescheduling fee starts at \$100, plus additional trip cost due to change of date/seasonality, inclusions, etc.

During Travel: Should you need to make changes/cancellations to your land itinerary during your trip, contact the in-country operator listed on your itinerary and, if necessary, use the operator's off-hours assistance line. Also contact your Travel Designer to keep them informed. If we have booked your flights, contact us immediately; if outside our normal business hours, call our off-hours VIP service (contact details will be provided).

TRAVELER RESPONSIBILITIES: We strongly suggest the purchase of **travel insurance** to protect you in the unforeseen event of a cancellation or fees that arise out of the need for changes. Your Travel Designer will provide an insurance quote. In the event you choose to decline coverage, we require you to advise us in writing. If you have a pre-existing condition (meaning you received medical care, advice, consultation or treatment within the recent past, as determined by the insurance company), please notify us at the time of deposit. I, the traveler, acknowledge responsibility for: (1) Passport validity for 6 months beyond return travel date. (2) Any visas that may be required; *check with your country's consulate for visa requirements.* (3) Immunizations/Inoculations that may be required or recommended or any additional health requirements by the destination country/countries; *check with your local travel medicine office for current recommendations.* (4) Reviewing itinerary for accuracy, ensuring the itinerary details sync with the air schedule, especially if OTA has not booked the flights. (5) Baggage allowances; *check the allowance for your individual airline(s).* Other forms of transportation such as helicopter, sea plane, and smaller commercial planes may have lower/stricter allowances.

OTA RESPONSIBILITIES: OTA will add your personal details to our database for future communication. On average, we communicate with clients via email newsletter 4 times per year and we do not sell, rent, lease or share our customer lists to third parties. OTA acts as a sales agent for any airline, hotel, car rental company, tour company, dive operator or liveaboard, cruise company, or other service provider named in your itinerary ("Suppliers"). OTA is not responsible for acts or omission of the Suppliers or their failure to provide services or adhere to their own schedules. OTA assumes no responsibility for and shall not be liable for any refund, personal injury, property damage, or other loss, accident delay, inconvenience, or irregularity which may be caused by: (i) any defaults, wrongful or negligent acts, or omissions of the Suppliers; (ii) any defect in or failure of any vehicle, craft, equipment, or instrument owned, operated, or otherwise used by the Suppliers; or (iii) any wrongful or negligent acts or omission on the part of any other party not under OTA's control; (iv) hotel over-booking; (v) injury, sickness or ill health; force majeure: (vi) weather or action of the elements; (vii) strikes; (viii) civil disobedience, riot or war, terrorism; (ix) quarantine or pandemic; (x) border closures, public health regulations or other acts of governments or change in regulations; (xi) airline shutdowns or schedule changes. OTA shall not be liable or responsible for any injury, damage, or loss of baggage (or any contents); or for any injury, damage, liability or loss resulting from injury, damage, or loss of baggage (or any contents). Your payment of fee or deposit, or any partial or full payment of a reservation, shall constitute your acceptance of all the terms and conditions set forth herein. You hereby release OTA from all claims arising out of any problem covered in this paragraph.

OTA has no special knowledge regarding the financial conditions of the Suppliers, unsafe conditions, health hazards, weather hazards, or climate extremes at locations to which you may travel. For information concerning possible dangers at destinations, we recommend reviewing the Travel Warnings section of the State Department website at www.travel.state.gov. For medical information, we recommend contacting the Centers for Disease Control at www.cdc.gov/travel. You assume full and complete responsibility for checking and verifying any and all passport, visa, vaccination, or other entry requirements of your destinations(s), and all conditions regarding health, safety, political stability, and labor or civil unrest at such destination(s). If you are joining an active trip, you assume full and complete responsibility to determine the level of fitness and health required for participation. You hereby release OTA from all claims arising out of any problem covered in this paragraph and to submit all other claims against us within 30 days after the return of your trip. You agree that the courts in San Diego County will be the exclusive jurisdiction for all claims brought by you to OTA, and you hereby submit to the personal jurisdiction of those courts.

I HAVE READ THE FOREGOING WARNING, ACKNOWLEDGEMENT OF RISKS & RESPONSIBILITY, AND RELEASE OF LIABILITY

Electronic Signature Option: Please type your name in the appropriate Signature field below. You agree your typed name will serve as your signature by hand.

Signature _____ Print Name _____ Date _____
(Not required if Name typed in Signature field)

Signature _____ Print Name _____ Date _____
(Not required if Name typed in Signature field)

Appendix I

Additional Traveler Information *(same household)*

3) Last Name / First & Middle <i>(as appears on your passport)</i>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>	Email			
Medical conditions?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			
Dietary requirements / requests?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			

4) Last Name / First & Middle <i>(as appears on your passport)</i>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>	Email			
Medical conditions?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			
Dietary requirements / requests?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			

5) Last Name / First & Middle <i>(as appears on your passport)</i>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>	Email			
Medical conditions?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			
Dietary requirements / requests?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			

6) Last Name / First & Middle <i>(as appears on your passport)</i>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>	Email			
Medical conditions?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			
Dietary requirements / requests?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			

7) Last Name / First & Middle <i>(as appears on your passport)</i>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>	Email			
Medical conditions?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			
Dietary requirements / requests?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			

8) Last Name / First & Middle <i>(as appears on your passport)</i>		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	Height	Weight
Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/>	Email			
Medical conditions?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			
Dietary requirements / requests?	NO <input type="checkbox"/> YES <input type="checkbox"/>	Details _____			



Disclosures to California Residents:

Your purchase and transaction is covered by the California Travel Consumer Restitution Fund (TCRF) if the seller of travel was registered and participating in the TCRF at the time of sale and the passenger is located in California at the time of payment. Eligible passengers may file a claim with TCRF if the passenger is owed a refund of more than \$50 for transportation or travel services which the seller of travel failed to forward to a proper provider or such money was not refunded to you when required. The maximum amount which may be paid by the TCRF to any one passenger is the total amount paid on behalf of the passenger to the seller of travel, not to exceed \$15,000. A claim must be submitted to the TCRF within 12 months after the scheduled completion date of the travel. A claim must include sufficient documentation to prove your claim and a \$35 processing fee. Claimants must agree to waive their right to other civil remedies against a registered participating seller of travel for matters arising out of a sale for which you file a TCRF claim. You may request a claim form by writing to: Travel Consumer Restitution Corporation; P.O. Box 6001; Larkspur, CA 94977-6001; or by visiting TCRC's website at: www.tcrinfo.org.

California law requires certain sellers of travel to have a trust account or bond. This business has a trust account.

Disclosures to non-California Residents:

Clients purchasing travel from our company from outside of California need to be aware that their transaction is not covered by the California Restitution Fund.