



Sunrise Birding LLC, PO Box 274, Cos Cob, CT 06807

**TOUR REGISTRATION/RELEASE FORM** Date: \_\_\_\_\_

To register for a tour, please read and agree to Sunrise Birding LLC **Terms and Conditions of Booking, Responsibilities and Assumption of Risk.** Then complete and sign this Tour Registration/Release Form and return it a deposit for each passenger to Sunrise Birding LLC.

How did you hear about this tour?

\_\_\_ Magazine Ad in \_\_\_\_\_

\_\_\_ Internet search

\_\_\_ Facebook

\_\_\_ From a friend

\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please reserve \_\_\_\_\_ space(s) on the \_\_\_\_\_ TOUR

Today's Date: \_\_\_\_\_ Tour Dates: \_\_\_\_\_

Enclosed is my deposit of \$ \_\_\_\_\_ (Please check tour description for amount due)

\_\_\_ I am requesting single accommodation (single supplement required).

\_\_\_ I have a roommate/Name: \_\_\_\_\_ Rooming: Twin (2 beds) \_\_\_ Double (1 bed)\_\_\_

\_\_\_ Please provide a roommate. If none is available, I will accept a single and will pay the single supplement charge.

**Passenger 1:**

Full Legal Name as it appears on your Passport:		Passport Number (international tours only):	
Expiration Date (international tours only):		Country of Origin (international tours only):	
Street:	City:	State/Zip:	
Email:		Date of Birth:	
Home Phone:		Daytime Telephone:	
Occupation/Past occupation if retired:			
Emergency Contact (Name/Tel./Relationship i.e., spouse, brother, sister, etc.)			
Primary Physician (Name/Tel.)			
Special needs/dietary restrictions:			

**Passenger 2:**

Full Legal Name as it appears on your Passport:		Passport Number (international tours only):	
Expiration Date (international tours only):		Country of Origin (international tours only):	
Street:	City:	State/Zip:	
Email:		Date of Birth:	
Home Phone:		Daytime Telephone:	
Occupation/Past occupation if retired:			
Emergency Contact (Name/Tel./Relationship i.e., spouse, brother, sister, etc.)			
Primary Physician (Name/Tel.)			
Special needs/dietary restrictions:			

Have you participated in other organized, overnight birding tours? Yes No Details: \_\_\_\_\_

Goals/expectations for this tour: \_\_\_\_\_

This request for registration is made subject to "Sunrise Birding LLC Terms and Conditions of Booking, Responsibilities and Assumption of Risk" AND the Agreement to Release and Indemnify in this document. Please read this entire document and our Terms carefully. All registrants must sign this release. Your registration can not be confirmed until your deposit is received and this agreement is signed.

**Second page must be signed and returned with registration**

**AGREEMENT TO RELEASE AND INDEMNIFY**

**NAME(S):** \_\_\_\_\_ **TOUR:** \_\_\_\_\_

Each registrant named on this form requests to participate in the tour listed thereon. Therefore, to the extent permitted by applicable law, each registrant knowingly and voluntarily waives, releases, saves, holds harmless and indemnifies Sunrise Birding, LLC of Branford, Connecticut with a mailing address of P.O. Box 274, Cos Cob, CT 06807, its agents, servants, employees, shareholders, officers, directors, attorneys and contractors, past, present and future, and its respective heirs, legal and personal representatives, successor and assigns (collectively "Released Parties"), and all of its respective properties, assets and interests ("Released Property") from any and all claims, actions, causes of action, demands, rights, damages, costs losses, liabilities, expenses, compensation, controversies, disputes, obligations, debts, dues and liens whatsoever, on account of, or in any way arising out of, any and all known and unknown, foreseen or unforeseen loss of life or personal injury, loss or damage to property, and the consequence thereof, directly or indirectly, resulting from, incident to, in connection with, or arising out of that registrant's participation in the tour(s) (collectively, "Claims"). It is my/our intention that this agreement to release and indemnify shall apply to all of the claims without limit and, to the fullest extent permitted by applicable law, regardless of whether founded, in whole or in part, on any negligent act or omission of any of the released parties.

I/we understand **and agree** that Sunrise Birding, LLC has no liability for my personal medical expenses **and/or medical care**. I/we certify that I/we am in good health and physical condition and do not have any physical disability, medical condition or other limiting factor that would create a hazardous situation for myself/us or other passengers. Further, I/we understand that certain risks are inherent in the activities to be undertaken by me/us, including snorkeling, swimming, hiking, climbing ruins, boat travel, travel to remote locations, contact with wildlife or hazardous plants, and that inclement weather and unavailability of first aid or emergency medical treatment as well as other unknown or unanticipated risks may occur such as war or terrorism, and I/we accept full responsibility for such specified inherent risks and those not specifically identified.

I/we have read, understand, and accept Sunrise Birding's deposit, cancellation and refund policies and terms and conditions as described in the tour itinerary and accompanying documents. I/we have read and understand this Agreement to Release and Indemnify, which contains the entire and final agreement relating to the subject matter hereof. Its terms shall be binding on me/us and on my/our heirs, legal representatives and assigns. Liability under this Agreement to Release and Indemnify shall be joint and several. If any provision of this Agreement to Release and Indemnify is determined to be void, unenforceable, ineffective or against public policy, that provision shall be disregarded and deemed removed from this Agreement to Release and Indemnify and shall not affect the remaining provisions of this Agreement to Release and Indemnify.

I/we understand that tour prices for both land and air can vary due to supplier charges, currency fluctuations, park fees, and other increased costs and that the cost of this tour is subject to change to reflect such variations. I/we have been advised of obtaining insurance coverage for trip cancellation, medical assistance, and baggage loss. I/we understand and accept all terms and conditions and the undersigned's signature below is evidence of this acknowledgement. The receipt of this signed form and your tour deposit shall be deemed to be consent to the above conditions. This agreement to release and indemnify shall be governed by and construed under the laws of the state of Connecticut. Venue for enforcement of this release and indemnity agreement shall be in New Haven County, Connecticut.

This request for registration is made subject to the terms and conditions of the Agreement to Release and Indemnify included in this document. Please read this entire document carefully. All registrants must sign this release. Registration can not be confirmed until your deposit is received and this agreement is signed. Registration and/or attendance imply agreement with the terms and conditions of the Agreement to Release and Indemnify included in this document.

**I have read, understand, and agree to all of Sunrise Birding LLC Terms and Conditions of Booking, Responsibilities and Assumption of Risk and the Agreement to Release and Indemnify included in this document:**

Passenger 1 Signature:	Date:
Print Name:	

Passenger 2 Signature:	Date:
Print Name:	

**Return completed and signed form with deposit check made payable to Sunrise Birding LLC. Mail to: Sunrise Birding, LLC, PO Box 274, Cos Cob, CT 06807 Questions? Contact Gina Nichol at gina@sunrisebirding.com Phone: 1.203.453.6724**