

Travel Concepts

WHEREVERNEXT IN SPAIN: PLEIN AIR PAINTING IN SPAIN OCTOBER 4 - 13, 2018 WITH PERRY HADDOCK

Tour Registration Form - One Per Participant

Name: (As it appears on passport) _____ Citizenship: _____

Address: _____ Postal Code: _____

Ph: Cell: _____ Home: _____ Email: _____

Date of Birth (D/M/Y): _____ Provincial Primary Medical Care Coverage Number: _____

Passport Number: _____ Issue date: _____ Expiry date: _____ Place of Issue _____

Dietary Restrictions or Food Allergies and/or Medical Conditions we should be aware of: _____

Do you smoke: **Yes** ___ / **No** ___ , I wish to have a single room: **Yes** ___ / **No** ___ , WWW to find me a

Room-mate if possible **Yes** ___ / **No** ___ , I will share with (name): _____

Emergency Contact: _____ Relation: _____ Phone: _____

How did you hear about this workshop? _____

WhereverNext in Spain & Travel Concepts occasionally uses photographs from our workshops for future marketing purposes. Do you authorize WhereverNext in Spain & Travel Concepts to use photos that include yourself? (Y or N)

Travel Concepts occasionally sends email marketing about upcoming tours and events. Do you authorize Travel Concepts to send email marketing? Yes /No

If applicable to program, describe your painting experience: Beginner ___ Intermediate ___ Advanced ___

Workshop Pricing:

CAD 3,890 Land only, twin share

CAD 800 Single Supplement

CAD 500 Non-refundable Deposit at time of booking, CAD 1500 due April 2, 2018 Balance due July 2, 2018

Please note: All payments are non-refundable. Travel Concepts will contact you to discuss your personal insurance needs.

We strongly recommend that you purchase trip cancellation and out of country medical insurance.

In the unlikely event that an emergency or medical condition should arise that prevents the attendance of key personnel, we reserve the right to substitute instructors and/or onsite staff.

Please insure that you and your witness have signed the Waiver & Release form (page two of this document) before returning to Travel Concepts. Travel Concepts and Women With Wings employees cannot be your witness.

I wish to pay for this tour by Cheque made out to Infinity Travel Concepts (enclosed) _____ Credit card _____

Credit card number: _____ CCV: _____ Expiry: .

Name as it appears on credit card: _____ Signature: _____

Please return completed form to Infinity Travel Concepts

#103 – 3151 Woodbine Drive, North Vancouver BC V7R 2S4

Phone: (604) 926-8511 Fax: 604 926-2247

Or scan/email to: cindy@trvlconcepts.com

Travel Concepts

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WAIVER AND RELEASE FORM

This waiver and release is given by the undersigned (the “**Client**”) to and in favour of Infinity Travel Concepts Ltd. and it’s employees, agents, officers, directors, shareholders and affiliated companies (all of whom are referred to herein as “**ITC**”) in connection with ITC’s services (the “**Services**”) of arranging for the provision of travel and tourism services to the Client by third parties such as airlines, bus, train, car rental or other transportation providers, tour guides, hotels and outfitters (“**Third Party Providers**”). The Client hereby acknowledges that:

- a) ITC would not provide the Services unless the Client signs this waiver and release;
- b) the Client accepts the allocation of risk provided for herein; and
- c) the provision of the Services by ITC to the Client is sufficient consideration for this release and waiver.

The Client acknowledges that ITC is acting as the Client’s agent in making arrangements with Third Party Providers and that all such arrangements are between the Client and the respective Third Party Providers. The Client acknowledges that ITC makes no representations or warranties regarding such arrangements and that ITC has no ability to ensure that those arrangements are fulfilled in the manner that the Client may expect or to which the Client may be entitled. In each case, the Client has a contract with the Third Party Provider, and must look solely to the Third Party Provider for any compensation or other remedies if problems arise.

Accordingly, to the greatest extent permitted by law, the Client hereby irrevocably releases ITC from any and all actions, causes of action, damages, losses, expenses and other claims of any kind whatsoever arising out of the actions, inactions, omissions, negligence or other conduct of any Third Party Provider. This release extends to loss of property, personal injury, loss of life, delays, itinerary changes and any other damages, losses, costs, expenses or inconveniences that the Client may suffer or incur.

Signed & delivered by the Client this _____ day of _____, 20_____

Name of Witness _____ Name of Client _____

Witness Signature _____ Client Signature _____

NB: Women With Wings & Travel Concepts staff are unable to witness tour registration forms

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<i>For Internal Use Only</i>	
Deposit Payment Posted:	Date: _____ Notes: _____
Final Payment Posted:	Date: _____ Notes: _____
Pre + Post Nights Information:	Notes: _____
Insurance Information:	Notes: _____
Air/Flight Information:	Notes: _____
Comments:	
Mailings:	