



TRAVEL BOOKING & PASSENGER REQUEST FORM

(Please use 1 application form for each participant)

NOTE: Please include a photocopy of the first page (ie. "photo-page") of your passport along with this application.

Traveler name (Must match EXACTLY as on Passport) (1 participant per form)	Last: _____ First: _____ Middle: _____ (NOTE: Please include a photocopy of the "photo-page" of your passport along with this application)
E-mail Address	
Home Phone	
Cellular Phone	
Fax	
Mailing address	
Credit card type (ie. VISA, Mastercard)	
Credit card number	
Credit card CSN number (3-4 digit number on back of card)	
Credit card expiration date	
Emergency Contact's Information: (In case of an emergency, whom we should contact back in N. America)	Emergency Contact's Name: _____ Relationship: _____ Emergency Contact's Address: _____ _____ Telephone: _____
Travel Information	
<u>Name of Safari and Name of Guide</u>	
Departure date	
Return date	
Seating preference (e.g., aisle, window, center)	
Airplane Meal preferences	

Frequent flyer program name(s) and number(s)	
I'll purchase Travel Insurance from Able Travel I will be using my own Travel Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Insurance Company and Number: _____

Lodging and Meal Preferences

Room preference (e.g., double, twin, single)	
Person you are sharing room with: (if applicable)	Last: _____ First: _____ Middle: _____
Smoking preference	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-Smoking
Food Allergies	
Dietary Requirements	
Medical Conditions / Allergies	

(Preferences will be subject to availability)

Travel Options

I would like to inquire about an optional stop-over tour	
I would like to inquire about a deviation in flights	
Other information you would like us the agent to assist you with ?	

Payment Information

Non-refundable deposit payments of \$ 800 are required at the time of booking. Final payments are due 60 Days prior to the departure date unless specified otherwise under the terms and conditions governing the tour. Air travel must be booked and ticketed within the time guidelines provided by the airlines. **Cancellation/ Interruption/ Medical insurance must be purchased at the time of booking.**

Due to the enforcement of strict rules and regulations by credit card companies, transactions can only be completed upon obtaining the signature of the credit card holder authorizing the charges for travel services booked with Able Travel American Express Travel Services. **The cardholder's signature must be provided in this form.** We appreciate your co-operation in adhering to this policy, in order to facilitate a smooth transaction.

No documents or tickets can be issued or sent to the passenger(s) until all the information requested above has been provided, and this form is signed, dated and received by Able Travel American Express Travel Services.

Authorization for Credit Card Payments:

I verify that the credit card information is correctly provided, and that I am the cardholder. I further verify that the signature below is mine as it appears on the reverse of the said credit card. I hereby authorize Able Travel American Express Travel Services to charge my credit card (without an imprint) for the final tour payment(s), insurance(s), and airline reservation(s), as chosen and authorized by myself. (Note: A photo copy of the credit card front-and-back should be mailed along with this form and will be retained on file).

CARDHOLDERS SIGNATURE: _____

TODAY'S DATE: _____

Note on Travel Insurance purchased through Able Travel American Express Travel Services: The policy certificate is issued remotely, and the charges will be reflected on your credit card statement, separate from your tour deposit/full payment. Your invoice will reflect the total amount paid, including the insurance, if you purchased the insurance with your deposit/booking. In some cases, full or partial charges will also appear on your statement showing the airlines or supplier names from whom Able Travel American Express Travel Services purchased the tickets and services for your tour. However, the total charges to your card will not exceed the tour price agreed upon and indicated in your invoice.

Socially Responsible Safaris

Trip Dates: _____

RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND INSURANCE WAIVER

(One participant per form. Please read this agreement carefully.)

I understand that I am required to read carefully and sign a **Release of Liability and Assumption of Risk** form from **Able Travel American Express Travel Services (Agency)/ Fawzia Setna (Agent)/ Ryan Snider (Guide)**, confirming that I accept that Able Travel American Express Travel Services (Agency)/ Fawzia Setna (Agent)/ Ryan Snider (Guide) [**hereinafter referred to collectively as the “Releasers”**] will assist or advise me, but it is my responsibility to ensure that passports, visas, travel permits, insurance, health certificates, inoculations, and/or other documentation required are obtained, current, and in order.

I am aware that adventure travel, whether in inhabited or remote areas, including, but not limited to, travel by airplane, train, mini-bus, automobile, boat, horseback, elephant-back, other conveyance, or on foot, contains inherent risks of illness, injury, death or loss and damage of property, which may be caused by negligence of others, forces of nature, and other causes known or unknown. I recognize that such risks may be present at any time before, during, and after the trip that I am participating in under the arrangement of the “Releasers” and its guides, agents and associates. I am also aware that medical services or facilities may not always be readily available during the time I am participating in this trip.

In consideration of, and the right to participate in this trip, and the activities, services and food arranged for me by the “Releasers” and its guides, agents and associates, I

Name of traveler: _____
(please print)

hereby certify that I have read and fully understand all of the above. I agree, for myself, my heirs and my personal representatives, and, on behalf of any minors accompanying me of whom I am a legal guardian agree, to hold harmless, release, forever discharge, defend and indemnify its guides, officers, members, managers, owners, employees, suppliers and agents [collectively, the “Releasers”], for and from any accidents, claims, losses, damages or liabilities, including, without limitation, death, disability, injury, or loss or damage to the “Releaser” or anyone else, or to the “Releaser’s” or anyone else’s property, which might occur in connection with my participation in this trip or as a result thereof.

I freely, voluntarily and expressly assume any and all risks with respect to the activities and circumstances described herein, and pledge not to sue or initiate any other legal action against the “Releasers” on account of any resulting losses, claims, costs, liabilities or damages. Further, I agree not to claim the unenforceability of this Agreement. I agree that the foregoing release of liability and assumption of risk shall be binding upon me personally, as well as upon my heirs, executors and administrators, and members of my family, and shall be binding upon any minors accompanying me of whom I am the legal guardian.

This Agreement is governed by the laws of Ontario, Canada without giving effect to any conflict-of-law principle that would result in the laws of any other jurisdiction governing this Agreement.

Except as otherwise provided in subparagraph (d) below, any controversy or claim arising out of this Agreement, or with respect to the subject matter hereof, will be settled by arbitration before a single arbitrator in Ontario Canada pursuant to the following terms:

- (a) If the parties agree on an arbitrator, the arbitration will be held before the arbitrator selected by the parties. If the parties do not agree on an arbitrator, each party will designate an arbitrator and the arbitration will be held before a third arbitrator selected by the designated arbitrators. Each arbitrator will be an attorney knowledgeable in the area of business law.
- (b) The arbitration will be conducted in accordance with the then-current rules of the Canadian Arbitration Association.
- (c) The resolution of any controversy or claim as determined by the arbitrator will be binding on the parties.
- (d) A party may seek from a court an order to compel arbitration, or any other interim relief or provisional remedies pending an arbitrator's resolution of any controversy or claim. Any such action or proceeding will be litigated in courts located in Ontario, Canada.

I have read the conditions on the two pages above and they form part of this contract. I undertake on my own behalf to accept the stated terms and conditions as printed above.

Participant's Name: _____
(please print)

Participant's Signature: _____

Address: _____

Tel: _____

Please mail this completed 5-page document, along with a photocopy of the first page of your passport, and a deposit cheque of \$ 800 to:

Able Travel American Express Travel Services
Attn: Ms. Fawzia Setna
#31 - 7025 Tomken Road
Mississauga, Ontario
L5S 1R6 Canada

Direct line: (905) 890-0340
Email: fsetna@abletravel.com
Web: www.abletravel.com