

shiv verma| photography
Photography Instructional Tours, Cruises and Workshops

REGISTRATION FORM

Name of tour: _____

Dates of tour: _____

Name: _____

Address: _____

City, State (Province), Zip/Postal Code: _____

Country: _____

Email address: _____

Home phone: _____

Work Phone: _____

Cell phone: _____

Our Photography Instructional Tours, Cruises and Workshops are within the capabilities of average people in good health. Some of these trips require the capability of walking for several miles over uneven trails and occasionally stepping from a small boat onto wave washed rocks all while carrying an assortment of camera equipment. If you have concerns about your own capabilities and/or fitness as it relates to a trip, please contact us before sending your deposit check. By forwarding a signed registration form with your trip deposit you certify that you do not knowingly have any physical or other conditions of disability that would create a risk for you or other trip participants. We reserve the right to request a doctor's statement of good health. The trip leader's judgment shall provide the ultimate determination of an individual's ability to embark upon or to continue on a given trip. Once a trip has been confirmed, medical circumstances will not be considered as exceptions to our cancellation policy. Though we will be glad to request that your dietary needs be met, we can assume no responsibility for special dietary requirements or for medical care.

We strongly urge you to purchase travel insurance especially for expensive international trips. While we all assume that we will be fine, health and family emergencies do arrive unexpectedly. You may wish to consider using USI Affinity's Travel Insurance Services.

<http://www.travelinsure.com/what/selecthigh.asp>

For all trips involving international travel it is important that you purchase medical evacuation insurance. You can purchase \$100,000 of coverage from a reputable company for only \$75 (or \$99 per family) annually here:

<http://www.travelinsure.com/why/medicalevacuation.asp>

Emergency Contact Information

Name: _____

Address: _____

City, State (Province), Zip/Postal Code: _____

Country: _____

Email address: _____

Home phone: _____

Work Phone: _____

Cell phone: _____

shiv verma | photography, its employees, agents and associates act only as agents for the participant in regard to travel including, but not limited to, photographic sessions and instruction, sightseeing, meals, lodging, transportation, and all other services whether by railroad, motorcar, motor coach, boat, ship or aircraft and they assume no liability for injury, damage, loss, accident, delay or irregularity which may be occasioned either by reason of defect in any vehicle or for any reason whatsoever, or through the acts or default of any company or person engaged in conveying the passenger or in carrying out the arrangements of the trip.

They can accept no responsibility for losses or additional expenses due to delay or changes in air or other services, sickness, weather, strike, war, quarantine or other causes. All such losses or expenses will have to be borne by the passenger, as trip fees provide for arrangements only for the times and locations stated. The transportation of baggage and photography gear is at the owner's risk entirely.

The right is reserved to substitute hotels of similar category for those indicated and to make any changes in the itinerary or transport where deemed necessary or caused by changes in air schedules or equipment substitution.

A Release and Assumption of Risk form must be signed by each participant prior to the commencement of the trip. Participation by any trip member will be declined in absence of the signed release of liability form. No modification to the terms of the Release and Assumption of Risk form will be accepted. Should shiv verma | photography, its employees, agents and associates or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, the enrolling trip participant(s) agree(s) to indemnify and hold them harmless for all such fees and costs. In the event a lawsuit is filed, the enrolling participant(s) agree(s) to do so solely in the County of Norfolk in the Commonwealth of Massachusetts, U.S.A..

Your payment of the initial deposit shall be deemed to constitute consent to the conditions above.

I have had sufficient time to read this document in its entirety. I have read and understood it, and I agree to be bound by its terms. I have initialed pages 1 and 2.

Print Name: _____

Signature: _____

Date: _____

Please continue on to the Release and Assumption of Risk and note that it requires a second signature. Thank you.