

Trip Agreement



Please complete this form for each participant and forward it with your final payment to Shadow Lake Expeditions at the address on the bottom of the page.

PARTICIPANT:

Name (Please Print)

Address (Street, Box #, Town, Province/State, Country) _____
Postal/Zip Code

Telephone # (home) _____
Telephone # (work) _____
Fax #

E-mail

TRIP:

Route/Location

Departure Date _____
Return Date

CONTACTS:

Who do we contact if the trip return is delayed due to weather or other reason?

Name (Please Print) _____
Relationship

Telephone # (home) _____
Telephone # (work) _____
Other contact method

How do we contact you in transit to Whitehorse, if necessary?

Hotel / City _____
Date

Other

ARRIVAL/DEPARTURE FOR WHITEHORSE:

Arrival date / time _____
Flight No. / or ?

Departure date / time _____
Flight No. / or ?

AGREEMENTS:

- ✦ I have carefully read and agree to the *Trip Terms & Conditions* and *Trip Policies & Information* sent to me as part of the Joining Package.
- ✦ I am aware that I am responsible for following instructions given by the guide.

Trip Agreement



AGREEMENTS: (CONTINUED)

- ◆ I have carefully reviewed the *Release of Claims, Waiver of Liability and Assumption of Risks* form and the *Medical Reminders* form; and have signed and returned both with this Trip Agreement.
- ◆ I acknowledge my responsibility to pay for unanticipated additional costs, such as emergency medical evacuation, as explained in the *Trip Terms and Conditions*. If necessary, I have purchased additional travel insurance to pay for medical or evacuation costs, trip and flight cancellations, or loss of personal gear.

Enclosed please find my payment balance:

Trip Cost: \$ _____

Less 25% Deposit Paid: (_____)

Balance Due: \$ _____

Submitted with this form as a: cheque money order direct deposit or VISA

VISA Card Number

Expiration Date

Signature

Signature

Date

Thanks! We appreciate your interest in taking one of our Expeditions.

Received by SLE _____

Date _____