



# Passions of Portugal

October 3 - 16, 2020

Tour Registration Form

One Per Participant

Name: (As it appears on passport) \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (D/M/Y): \_\_\_\_\_ Passport Number: \_\_\_\_\_ Issuing City: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Issue date (D/M/Y): \_\_\_\_\_ Expiry date (D/M/Y): \_\_\_\_\_

Primary Medical Care Coverage Number: (Provincial Medical) \_\_\_\_\_

**Out of Country Medical Insurance is required prior to departure.** If you already have a policy please provide your insurance provider's name, policy number and emergency assistance phone number. \_\_\_\_\_

I would like Travel Concepts to provide an Out of Country Medical Insurance policy quote: **Yes** \_\_\_\_\_ / **No** \_\_\_\_\_

Are you planning travelling with a cell phone? **Yes** \_\_\_\_\_ / **No** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need Travel Concepts /Women With Wings to assist you in booking your international flights?  
(If not, please advise us of your flight details once they are confirmed) **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

Travel Concepts and Women With Wings often uses photographs from our tours for future marketing purposes.  
Do you authorize Women With Wings to use photos of yourself? (yes or no) **Print:** \_\_\_\_\_ **Web:** \_\_\_\_\_

Travel Concepts occasionally sends email marketing about upcoming tours and events. Do you authorize Travel Concepts to send email marketing? **Yes**\_\_ **No**\_\_\_\_ Where did you hear about this Women With Wings tour? \_\_\_\_\_

**Tour Costs:** \$5,359 CAD per person twin share, **land only** Single Supplement \$1,000 CAD

**Payments:** Non-Refundable Deposit \$1,000 CAD at time of booking  
Remaining balance due July 16, 2020

All payments are non-refundable. We strongly recommend that you protect your investment by purchasing Trip Cancellation Insurance. Travel Concepts will contact you upon receipt of registration to discuss your personal insurance needs. **We require a minimum of 12 participants by November 15, 2019 in order for this tour to go ahead.**

The tour cost may be subject to change due to currency fluctuations and other conditions beyond our control.  
**You and your witness are required to sign the second page (waiver and release form). Travel Concepts staff cannot witness.**

Credit card number: \_\_\_\_\_ CCV: \_\_\_\_\_ Expiry: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_ Signature: \_\_\_\_\_



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## Waiver & 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*

**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: [hanne@trvlconcepts.com](mailto:hanne@trvlconcepts.com)

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