

GROUP TOUR RATES & RESERVATION FORM

Please read carefully the general information and conditions, complete this form, and mail with your deposit. Thank you

Include a reservation form for each member of your party, clearly designate tour selection with dates desired, and name of group (if applicable). Customized itineraries available upon request.

Full name (as on passport) _____

Mailing address _____
(street address for FEDEX mailing of documents)

City _____ State _____ Zip _____

Home Phone () _____ Office phone () _____ Fax () _____

Age _____ Occupation _____

Name of tour _____ Group _____

Departure date _____ From (City/Airport) _____

Return date _____ To (City/Airport) _____

Tours which offer air and land arrangements include the air transportation in coach class. Business and First-Class are available at an additional cost, except on intra-Madagascar flights which offer coach class only.

Class of Service: Coach _____ Business _____ First _____

Hotel Accommodations : Single _____ Twin _____ Double _____

Sharing twin or double accommodations with: _____

Airline seating preferred: Window _____ Aisle _____ Smoking _____ Non-smoking _____

Additional information _____

In case of emergency, please notify _____

Address _____ Telephone () _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, _____, hereby acknowledge that I am aware that during the trip to Madagascar in which I intend to participate under the arrangements of Cortez Travel, Inc. of Solana Beach and its agents, employees, associates, and subcontractors, certain risks and dangers may occur, known or unknown, related to trip activities, including but not limited to the hazards of traveling in a remote, politically unstable area, in aircraft, boats and automobiles, without the availability of medical facilities or means of rapid evacuation. I am also aware and clearly understand that Cortez Travel, Inc. will have no liability regarding adequacy of any medical care, equipment or supplies that may be provided.

I am voluntarily participating in this trip with knowledge of the dangers involved and hereby agree to assume any and all risks including injury and death. As lawful consideration for the agreement with Cortez Travel, Inc. to participate in this trip to Madagascar and all related activities, I hereby agree that I will not make a claim against Cortez Travel, Inc. or sue for bodily injury, death, emotional trauma, and/or property damage resulting from negligence or any other acts, however cause, as a result in my participation in the tour. This waiver specifically includes giving up any right I may have to sue Cortez Travel, Inc., for negligence. I therefore release and discharge Cortez Travel, Inc. and its agents, owners, and employees individually, from all actions, causes of action, damages, claims or demands which arise in my favor, or in favor of my heirs, successors or assigns, for all injuries or damages of any nature whatsoever, caused by my participation in this trip.

I have read and agree to the conditions, especially noting the policy on cancellation and refunds, and acknowledge that I have been strongly advised to obtain comprehensive insurance coverage.

Signature _____

Date _____ Deposit check enclosed in the amount of \$ _____

Please return with deposit to your travel agent or
Cortez Travel, Inc. ~ P.O. Box 1699 ~ Solana Beach, CA 92075 ~ (858) 755 - 5136

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Travel Agent Stamp

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