

## RESERVATION FORM

### Sports Travel Adventure Therapy

11 Carrington Drive  
Greenwich, Connecticut 06831  
Tel: 203 618-0854  
Fax: 203 862-9762  
E-mail: Stattrip@aol.com

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_  
BUSINESS TELEPHONE \_\_\_\_\_ PORTABLE TELEPHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
FAVORITE HAT COLOR \_\_\_\_\_  
HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
NON-REFUNDABLE DEPOSIT ENCLOSED \$800 \_\_\_\_\_  
FULL PAYMENT IN THE AMOUNT OF \_\_\_\_\_  
PHYSICAL CONDITION POOR \_\_\_ FAIR \_\_\_ GOOD \_\_\_ EXCELLENT \_\_\_  
PHYSICAL LIMITATIONS \_\_\_\_\_  
EMOTIONAL LIMITATIONS \_\_\_\_\_

### **CANCELLATIONS & REFUNDS**

If you must cancel your trip, your deposit can be transferred to another trip or person at STAT's discretion. If STAT must cancel your trip due to insufficient sign-ups making it economically unfeasible, you will receive a full refund including your deposit. This refund shall release STAT from any further liability.

To protect your investment, a travel insurance policy (including cancellation, baggage and accident coverage) will be sent to you once reservations are confirmed. I strongly recommend you purchase it.

### **LIABILITY RELEASE**

I, the undersigned, will be taking a trip with Sports Travel Adventure Therapy, and do acknowledge that there are certain risks involved in any wilderness adventure. I am aware that I will be travelling on a mountainous terrain at high altitude, in undeveloped areas, etc. I acknowledge that the enjoyment and excitement of adventure travel is derived in part from inherent risks and I am voluntarily participating in these activities with knowledge of the dangers involved and hereby agree to assume any and all risk.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RESERVE EARLY! SPACE IS LIMITED!**