

# Reservation Form

**Farren Safaris**  
**13 West Park Street**  
**Bangor, Maine USA 04401**  
**Tel.1-207-992-7297**  
**e-mail: val@farrensafaris.com**  
**www.farrensafaris.com**

Last Name	First Name	Middle Initial	Date of Birth	
Address		City	State	Zip
Home Phone	Work Phone	Cell	E-mail	

**TYPE OF SAFARI BOOKED** (Golf, photographic etc.) \_\_\_\_\_

Dates Desired: First Choice Arrival \_\_\_\_\_ Departure \_\_\_\_\_

Second Choice Arrival \_\_\_\_\_ Departure \_\_\_\_\_

**Please provide the following information for licenses and permits :**

Legal Name \_\_\_\_\_

Legal Residence \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Country \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Sex M F \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_ Social Security No. \_\_\_\_\_

Passport No. and Exp. Date \_\_\_\_\_

**AMOUNT OF DEPOSIT** \_\_\_\_\_

A deposit must accompany this form to confirm reservation. Total deposit will be refunded if desired dates are not available.

**PERSON TO CONTACT IN CASE OF EMERGENCY**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

**Please list any physical disabilities, medications or special diets that we should be aware of**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Make checks payable to : Farren Safaris**

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I specifically release Farren Global Adventures its employees, shareholders, subsidiaries, affiliates, officers, directors, successors, agents, and assigns ("The Company") from liability and assume all risk of injury, loss, damage, death, or inconvenience as a result of my traveling on a trip arranged by The Company.

IN CONSIDERATION OF being accepted for the adventure vacation that I am participating in I hereby agree as follows:

I have been informed and am aware that adventure travel CAN BE DANGEROUS and includes certain risks and dangers, including, but not limited to, the hazards of traveling in undeveloped areas, hazards of traveling by boat, canoe, raft, train, automobile, safari vehicle, aircraft, on foot or by other unconventional means, accident or illness in remote places without medical facilities, dangers of wild or domestic animals, forces of nature, lack of sanitation, and travel by air or other conveyance, risk of criminal and/or terrorist activity, extreme weather conditions, physical exertion for which I may not be prepared, and evacuation difficulties, should I be injured or disabled. I accept the inherent risks of the proposed trip and acknowledge that the enjoyment of adventuring beyond normal safety of home and work is in part the reason for my participation on this trip.

I HEREBY RELEASE, WAIVE, INDEMNIFY, and AGREE NOT TO SUE The Company for all or any liability to me, my personal representatives, heirs,, assigns and next of kin, for any and all losses, damages or injuries or any claim or demand on account of injury or emotional trauma to the person or damage or loss of property of the undersigned, or an account of death, injury, loss or inconvenience resulting from any cause, including negligence of The Company or the negligent or willful conduct of others while the undersigned is participating in a tour or any travel or other arrangements made by the Company. I further agree that I will assume the risk of and release The Company from all liability for any injury to my body or damage to my property or my death due to any negligent failure to obtain or administer appropriate rescue operation in the event of injury or mishap, including failure to obtain adequate medical services to evacuate or to supply treatment, medicine, or trained rescue personnel.

I AGREE that if I am injured or become ill, The Company may, at my cost, arrange medical treatment, evacuation or any other emergency services on my behalf as The Company deems essential for my safety and well-being.

I have read and agree to The Company's policy on cancellations and refunds. I am aware that I will be liable for all costs in the case of cancellation, trip delays, damage or loss of baggage and medical emergencies howsoever caused.

I accept responsibility to have my passport, visa(s), vaccination(s) and all other travel documentation in proper order. I realize I may contact the embassies or consulates of the countries I plan to visit for information, and that my passport may have to be valid for at least six months after the trip ends. For information concerning possible safety issues for international travel I acknowledge that I may contact the State Department, and for information concerning vaccinations and health issues I may call the "Centers for Disease Control".

I EXPRESSLY ACKNOWLEDGE and AGREE that ADVENTURE TRAVEL CAN BE DANGEROUS and involves unpredictable and potentially serious risks of bodily injury, property damage and death and that the forgoing waiver and release is intended to be as broad and as inclusive as permitted by law.

No change in this Agreement can be made except by a writing signed by an officer of the Company. I agree I am entering this agreement of my own free will.

Any controversy or claim arising out of or relating in any way to this Agreement, any promotional literature, representations, or other information relating in any way to the trip, or the trip itself, shall be governed by and construed in accordance with the laws of the State of Maine. I consent to and submit to the jurisdiction of the federal and state courts of the State of Maine in the judicial district encompassing Bangor, Maine, and further waive the right to commence any action against the Company except in said courts.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Please Print or Type Name:** \_\_\_\_\_

I, as parent or legal guardian of the below named minor, hereby give my permission for this child or legal ward to participate in the trip and further agree, individually and on behalf of my child or ward, to the terms of the above.

**Please Print or Type Name of Minor:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Signature of Releasor (Mother):** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Signature of Releasor (Father):** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**Signature of Releasor (Guardian):** \_\_\_\_\_