

Tour Registration for Camino de Santiago

Name _____
(as it appears on your passport)

Please reserve my space on (Tour Name): **The Way 100K with Peace through Yoga Foundation/Women for Adventure**

Date of Walk: _____

Address: _____

City/State/Zip: _____

Country: _____

Phone: _____

Email: _____

Date of birth: _____

Name of the person you plan to share with: _____

Passport #/Expiration Date/ _____

Type of room being requested: _____ Single _____ Double

TRIP COST: 2750 EUROS per person double occupancy \$600 single supplement

Enclosed is a check or money order (US dollars ONLY) in the amount of:

\$ _____ as Deposit () or Full Payment ()

A deposit of **\$600.00** per person is required to reserve your space. The full balance is due 60-days before the trip. Please visit www.xe.com for the daily conversion and exchange rate.

Check should be made payable to: **Spanish Steps**

Complete and sign the waiver and the cancellation policy return to:

**Spanish Steps
Box 8653**

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE

NAME: _____
(PRINT NAME)

THIS DOCUMENT CONTAINS A COMPLETE RELEASE OF LIABILITY
READ IT CAREFULLY BEFORE SIGNING!

The undersigned understands and agrees that the travel to foreign countries including remote and underdeveloped areas and related activities that I have chosen to take and engage in and its affiliates are potentially hazardous and dangerous activities and carry a significant risk of serious personal injury, death, or property damage. I also know that there are natural, mechanical and environmental conditions and risks which independently or in combination with my activities may cause property damage, or severe or even fatal injuries to me or others.

In consideration of the affiliates agreeing to permit me to participate in the travel, hiking, sightseeing, walking and related activities and other good and valuable consideration, I agree that I am responsible for: (a) my safety while participating in activities undertaken with the above entities and its employees, and (b) providing, utilizing, and maintaining all equipment necessary for the safe enjoyment of my participation in such events and specifically acknowledge that the following persons or entities including Spanish Steps, Women for Adventure or Peace through Yoga Foundation, or its employees, agents, representatives and subcontractors or affiliates of any person named above ARE NOT RESPONSIBLE FOR MY SAFETY.

By signing this Acknowledgment and Assumption of Risk I acknowledge that I understand that any and all risk is expressly assumed by me, and all claims are expressly waived in advance.

THE UNDERSIGNED STATES THAT HE / SHE HAS READ THE ABOVE ACKNOWLEDGMENT AND ASSUMPTION OF RISK; THAT HE / SHE FULLY AND COMPLETELY UNDERSTANDS THE TERMS AND CONDITIONS AND AGREES TO BE BOUND BY THEM. THE UNDERSIGNED ALSO AGREES THAT THIS DOCUMENT IS THE WHOLE AND ENTIRE AGREEMENT BETWEEN THREE ENTITIES AND THE UNDERSIGNED.

NAME: _____

SIGNATURE: _____

CANCELLATION AND REFUND

Spanish Steps reserves the right to cancel any trip prior to departure for any reason, including insufficient number of participants (tour minimum is 7 participants). If the tour is canceled, participants will receive a full refund of money paid by Spanish Steps. If you must cancel your trip, we will refund your deposit, upon receipt of written notice, **less the following fees:**

More than 90 days before departure **€ 300**

60 - 89 days before departure **€ 400**

30 - 59 days before departure **50% of the tour price**

Less than 30 days before departure **100% of the tour price ***NO REFUND*****

X

Signature

Date

Sign and return to:

**Spanish Steps
PO Box 8653
Aspen, CO 81612**

AND

Email copy of Registration Form to Peace at sally@peacethroughyoga.org