



Global Descents
exploring rivers of the world

Credit Card Reservation

I / We wish to make a reservation for the following:

River Trip Expedition: _____

Departure Date: _____

Total Deposit: _____ for _____ persons.

A \$500 US per person, per river expedition trip is required. MasterCard & VISA cards accepted.

Card Number: _____ Expiration Date: _____ Verification Code: _____

Card Holder's Signature: _____

Address

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Email: _____

Signature: _____

Accepted Reservations are subject to the "Terms & Conditions" and "Liability & Assumption of Risk" Release Forms. Trip Itineraries and rates are subject to change or cancellation due to circumstances beyond our control.

Expedition Members

Names: _____

Names: _____

Names: _____

Names: _____

Please mail Reservation Form to:



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Conditions & Responsibility

Responsibility:

Global Descents strives to provide a safe and enjoyable expedition, however, outdoor adventure activities involve a degree of risk. Global Descents and their working partners take no responsibility for injury, loss, or damage, to person, place or property. Furthermore Global Descents takes no responsibility for delays, natural or unnatural disasters, acts of God, civil disturbances, Governmental issues and or policy changes, or any expenses arising from discrepancies beyond Global Descents control. We reserve the right to change or cancel any expedition itinerary for the following reasons: water levels, political climate, insufficient registration, illness or anything beyond Global Descents control. Any trip canceled by Global Descents prior to departure will result in a 100% refund. Global Descents reserves the right to take photographic or film records of any of our trips, and may use any such records for promotional and/or commercial purposes.

Deposits and Payments:

To reserve a space for a Global Descents Expedition a reservation form, waiver, and a \$500 per person deposit to Global Descents is required. Reservations made inside of 60 days require full payment.

Cancellations:

If cancellations are made prior to 4 months from departure, 10% of the expedition price will be non refundable. Between 4 months and 2 months from departure, 25% of the expedition price is non refundable. Inside 2 months and outside a month from departure, 50% of the expedition price will be non refundable. Inside a month from departure, 100% of the expedition price will be non refundable. Changes to your expedition can only be made between 4 months and 2 months. Changes inside 2 months are subject to a \$250 per person charge. Inside a month expeditions are non changeable.

Itinerary Changes:

The itinerary as stated for each tour must be taken only as an indication of what each group may accomplish, and the client acknowledges that the nature of this type of travel requires significant flexibility and should allow for changes. As such, the stated itinerary is not a contractual obligation on the part of the company. The client understands that the amenities, type of transport, route, schedule, and itineraries may change without prior notice due to local circumstances or events. Events causing these changes may include mechanical breakdown, flight cancellations, illness, strikes, political disputes, weather, border crossing problems, and other unforeseeable factors.

Single Passengers:

For people traveling alone who would prefer to be alone and not share a room or a tent with another person. The single traveler will be charged an additional \$250 for the expedition. If the single traveler is willing to share and there is not another single traveler on the expedition then the single traveler will not be charged.

I have read and understand Global Descents Conditions and Responsibility Policies.

Signature

Date

Signature

Date

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Personal Information

Full Name: _____

Gender: _____ Age: _____ Height: _____ Weight: _____

Passport Number: _____ Expires: _____

Date of Issue: _____ Nationality: _____

Visa #: _____

For India Expeditions only.

Personal Insurance Information

When working with foreign agencies care providers requirements can vary. It's important to have all the necessary information when working with these agencies. Please provide us with the below information so we can act quickly in the event of an emergency.

Emergency Contact information: _____

Name of Insurance Company: _____

Insurance Policy #: _____

Insurance Company Emergency Phone #: _____

Please mail Reservation Form to:



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Medical Questionnaire

The following information will be kept confidential and is purely for the guides better understanding of our guests. This will help us provide you with the best experience possible!! Please be honest.

Have you ever had or do you currently have any problems with:

- | | | | | |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Asthma? If yes how serious? Please describe below: |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you carry your inhaler with you? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Allergies? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Allergic reactions to bees? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you carry a bee sting kit with you? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Diabetes? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Do you take insulin regularly? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Back? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Neck? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Shoulders? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Knees, elbows or other joints? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Heart disease? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Epilepsy? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Broken bones? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Abdominal pain? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Immune system? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Recurring headaches or migraines? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Your urinary or reproductive tracts? |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | High blood pressure? |

If you answered yes to any of the above please elaborate in the space provided:

Are you currently taking any medication? If yes, please list the medication and what it is for.

Are there any other medical conditions or physical limitations that the guide's should be aware of?
If so please elaborate:

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