



ADVENTURE NAME: *

Pick tour from the drop-down list

HEY MO ADVENTURES...

We are ready for an Adventure! Sign Me/Us UP!

Please contact me as I have a few questions!

I am not available to join this adventure and would love to know future dates!

We are traveling with other friends and they are listed below to ensure we are seated next to each other when traveling.

We are traveling with friends/family listed below:

We plan on loading the bus/plane at:

Number of Adventure Lovers in a Room

Single Traveler: KING

2 Travelers: KING

2 Travelers: DOUBLE

3 Travelers: DOUBLE

4 Travelers: DOUBLE

Traveler Information

#1

Name *

First Name

Phone Number *

Area Code

Phone Number

Cell Number *

Area Code

Phone Number

E-mail *

example@example.com

Traveler Information

#2

Name *

First Name

Last Name

Phone Number *

Area Code

Phone Number

Cell Number *

Area Code

Phone Number

E-mail *

example@example.com

Traveler Information

#3

Name

First Name Last Name

Phone Number

Area Code Phone Number

Cell Number

Area Code Phone Number

E-mail

example@example.com

Traveler Information

#4

Name

First Name Last Name

Phone Number

Area Code Phone Number

Cell Number

Area Code Phone Number

E-mail

example@example.com

Requesting a KING or DOUBLE room:

KING

DOUBLE QUEEN

Flights

N/A for Chartered Bus Adventures

Are you FLYING to the destination? *

YES

NO

ARRIVAL Date

Month Day Year

ARRIVAL Time

Hour Minutes

Flight Name & Number

Arrival Airport

Type your arrival airport

RETURN Date

Month Day Year

RETURN Time

Flight Name & Number

Departure Airport

Type your return airport

Driving - ETA

N/A if on Chartered Bus

Are you DRIVING to the destination? *

YES

NO

ARRIVAL Date

Month Day Year

ARRIVAL Time

Hour Minutes

RETURN Date

Month Day Year

RETURN Time

Hour Minutes

Insurance

Please note that this section MUST BE completed.

*** TRAVEL / MEDICAL INSURANCE IS HIGHLY ENCOURAGED***

*** YOU MUST COMPLETE ACKNOWLEDGEMENT BELOW***

Travel insurance is **HIGHLY** encouraged for all trips and international trips may be required. Insurance covers (and reimburses you) for things like trip cancellation, trip interruption, and trip delay, lost or delayed baggage, medical coverage, medical evacuation, etc. For example, if there's a giant snowstorm and your plane is grounded, and you end up (unfortunately) missing most or all the trips the insurance company would reimburse you for this. **Please note MO Adventures will not reimburse you for this (hence why we strongly recommend travel insurance).**

Note that travel insurance (nor MO Adventures) would cover such things as "I overslept and missed my plane". There are different degrees and levels of trip insurance, but we encourage a minimum coverage of covering personal injury, medical expenses, etc. Your entire trip cost (including airfare) must be covered under whichever plan you purchase. You will need to provide proof of purchase of travel insurance before going on the trip if required; we have the right to refuse attendance if valid trip insurance coverage is not produced prior to the trip start date.

Risks: There are certain inherent risks in adventure travel of the type involved here. These include, but are not limited to, hiking, walking, climbing injuries and altitude sickness, and in all trips dangers of animals, inaccessibility to medical attention and difficulty in evacuation from remote locations in the case of a medical emergency. Passenger assumes all such risks with regard to these possibilities.

Do you have a travel insurance? *

YES - I HAVE PURCHASED

NO - NOT YET AND PLANNING ON

NO - I AM DECLINING TRAVEL INSURANCE & AM AWARE OF RECOMMENDATIONS.

TRAVEL INSURANCE WAIVER For your protection, Travel Insurance is strongly recommended. To decline recommended travel insurance, your signature on this insurance waiver form is required. Final travel documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

Do you have a medical insurance? Please ensure you have consulted with your medical team regarding travel and medication management. *

YES

NO

Emergency

You must complete this section with a minimum of one contact.

Name *

First Name

Phone Number *

Area Code

Phone Number

Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Special Requests

SIGNATURE & PAYMENT of this trip price constitutes your acceptance of these terms and conditions set out herein.

Date

Month

Day

Year