

TRIP RESERVATION FORM

Please mail with your deposit of \$500.00 per person to
Harrison Photography Adventures, Inc.
3003 Lancaster Drive #3
Naples, FL 34105

Please Specify the Trip You're Interested in:

_____ Dates of Trip _____

Applicant's Name(s) _____

Address _____

City _____

State _____ Zip _____

Telephone (Day) _____

Telephone (Eve) _____

Birth Date _____ Sex _____

Smoker Non-Smoker

Occupation _____

Special Health or Dietary Concerns (any foods you especially dislike)

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____

Address _____

City _____

State _____ Zip _____

Telephone (Day) _____

Telephone (Eve) _____

How did you first learn of Harrison Photography Adventures?

RELEASE AND ASSUMPTION OF RISK

I am aware that during the mountain tour, expedition, or other trip or vacation I am participating in under the arrangements of HARRISON PHOTOGRAPHY ADVENTURES, INC. and its employees, agents and associates, (collectively, the "Company") certain risks and dangers may occur, including, but not limited to the hazards of traveling in mountainous terrain, illness or accident in remote places without medical facilities, the forces of nature including severe weather, and travel by air, bus, automobile, or other means of transportation.

In consideration of, and as part payment for, the right to participate in such mountain tours, expeditions and other activities and services arranged for me by the Company, I have and do hereby assume all the above risks and will hold the Company harmless from any and all liability actions, causes of actions, claims, debts, and demands of every kind and nature whatsoever which I now have or which may arise in connection with my trip or participation in any other activities arranged for me by the Company. The terms hereof shall serve as release and assumption of risk for my heirs, administrators and executors and for all members of my family, including any minor accompanying me.

I have read and agree to these conditions.

Signature _____ Date _____