



RESERVATION FORM

Sports Travel Adventure Therapy

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New York, NY 10011

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E-mail: erin@stattrip.com

Web: www.stattrip.com

NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____

E-MAIL _____

FAVORITE HAT COLOR _____

HEIGHT _____ WEIGHT _____

PHYSICAL LIMITATIONS _____

EMOTIONAL LIMITATIONS _____

CANCELLATIONS & REFUNDS

If you must cancel your trip, your deposit can be transferred to another trip or person at STAT's discretion. If STAT must cancel your trip due to insufficient sign-ups making it economically unfeasible, you will receive a full refund including your deposit. This refund shall release STAT from any further liability. To protect your investment, a travel insurance policy (including cancellation, baggage and accident coverage) will be sent to you once reservations are confirmed. I strongly recommend you purchase it.

LIABILITY RELEASE

I, the undersigned, will be taking a trip with Sports Travel Adventure Therapy, and do acknowledge that there are certain risks involved in any wilderness adventure. I am aware that I will be travelling on a mountainous terrain at high altitude, in undeveloped areas, etc. I acknowledge that the enjoyment and excitement of adventure travel is derived in part from inherent risks and I am voluntarily participating in these activities with knowledge of the dangers involved and hereby agree to assume any and all risk.

SIGNATURE _____ DATE _____

please sign and return to erin@stattrip.com or mail to address above