

Xplor-Int REGISTRATION FORM

(Please Print)

Today's Date:				Tour Type:				
STUDENTS/DRIVERS INFORMATION								
Students last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status:		
				Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid <input type="checkbox"/>				
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, what is your legal name? (Former name):		Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Street address:			Social Security no.:		Home phone no.: ()			
P.O. box:		City:		State:		ZIP Code:		
Drivers Licenses Number:		State or Country:			Cell phone no.: ()			
Type of rider (Please check boxes needed):				<input type="checkbox"/> Beginner		Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Training
<input type="checkbox"/> Vacation	<input type="checkbox"/> Tour	<input type="checkbox"/> Training		<input type="checkbox"/> Trainer		<input type="checkbox"/> Other		
Other:								

INSURANCE INFORMATION								
(Vehicle information and Tour Information)								
Insurance company:		Policy number:		Address:		Ins Company no.: ()		
Is this vehicle insured: <input type="checkbox"/> Yes <input type="checkbox"/> No								
Vehicle:	Brand:		Vehicle registration:					
Is the driver/passenger covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Please indicate Airport pick-up or arrival		<input type="checkbox"/> PHL		<input type="checkbox"/> BWI		<input type="checkbox"/> ERW	<input type="checkbox"/> IAD	<input type="checkbox"/> Other
<input type="checkbox"/> Coming by Motorcycle		<input type="checkbox"/> Coming by vehicle & Trailer		<input type="checkbox"/> Other		<input type="checkbox"/> Other		
Tour Date:		Tour Location:		Country you are from:	Language you speak:	Deposit made:	50% deposit: \$	
Overnight accommodations:		<input type="checkbox"/> Tent Free	<input type="checkbox"/> Primitive cabin \$60.00+	<input type="checkbox"/> Deluxe cabin \$175.00+	<input type="checkbox"/> Hotel Subject to local price+			
PayPal conformation No:			Check or Wire transfer No:			Total Due: \$	Total Amount: \$	
Please check-off to complete:		<input type="checkbox"/> Student info	<input type="checkbox"/> Insurance info	<input type="checkbox"/> Emergency info	<input type="checkbox"/> Signed	Dated		

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):

Relationship to driver:

Home phone no.:

Work phone no.:

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The above information is true to the best of my knowledge. (+) Price are subject to change.

Release and Waiver of Liability and Indemnity Agreement Xplor-Int LLC

I hereby give up all of my rights to sue or make any claim whatsoever against the Xplor-Int LLC., and its members, land owners, the training tour of this event (Xplor-Int LLC), the promoters, sponsors, and all other persons, participants or organizations conducting or connected with this tour/event, for any injury to property or person I may suffer, including crippling injury or death, whether such injury arises while I am preparing for or participating in the tour/event, or while on the tour/event premises. I know the risks of danger to myself and my property while participating in the tour/event and while on the tour/event premises and relying upon my own judgment and ability, assume all such risks of loss and hereby agree to reimburse all costs to those persons and company connected with this tour/event for damages incurred as a result of my negligence. I also agree that I should not participate in such an tour/event without proper insurance coverage.

Student/driver signature

Date