



KDavisTravels

Reserve your space now!

Please complete all information for each person (please print):

1) Name _____ Date of Birth ____/____/____
 Street _____ City/State _____ Zip _____
 Phone: Day _____ Evening _____ Email _____
 Describe health concerns/dietary needs _____

2) Name _____ Date of Birth ____/____/____
 Street _____ City/State _____ Zip _____
 Phone: Day _____ Evening _____ Email _____
 Describe health concerns/dietary needs _____

2012 Registration for:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Ronda, Southern Spain | May 4-11, 2012 |
| <input type="checkbox"/> Pembrokeshire Coast, Wales | May 15-22, 2012 |
| <input type="checkbox"/> South Devon, England | May 23-30, 2012 |
| <input type="checkbox"/> Pembrokeshire Coast, Wales | September 29 - October 6, 2012 |

Accommodations:

Hotel room requirements: 1 double bed Twin beds Single room (Supplement required)

If you are sharing a room with a friend what is his/her name: _____

If traveling alone are you willing to share a room? ____ Yes ____ No

Payment Information:

Deposit of \$400 is needed to hold each reservation. Balance due 90 days before trip start date.

Number of persons: ____ x \$400 per person per trip = \$ _____

Please make your check payable to KDavis Travels and mail to:

KDavis Travels, LLC
 4400 Belmont Park Terrace, #135
 Nashville, TN 37215



KDavis Travels - RELEASE AND HOLD HARMLESS AGREEMENT

I will be traveling in the following country/countries with KDavis Travels, LLC:

(Please indicate country/countries you are traveling to with **your signature beside the country name(s)** — Each person traveling must complete a separate form.)

- England _____
- Wales _____
- Spain _____

I am aware that by participating in the KDavis Travels, LLC tour I am assuming substantial risks, including but not limited to the hazards of traveling in the country/countries indicated above as well as accidents or illness, sometimes occurring in remote places without readily available medical facilities, and forces of nature.

In consideration of (1) KDavis Travels, LLC's willingness to lead this tour for the price paid and on the terms and conditions agreed to; and (2) my right to participate in this tour for such price and on such terms, and as part payment for such right to participate in the tour, I agree that KDavis Travels, LLC, its officers and employees shall not be liable to me or my heirs or assigns, and I hereby release them and hold them harmless from any such liability, for accident or loss (including personal injury, death or property damage), injury or damage to me or my possessions caused by or in any way related to tour accommodations, food service, transportation, sightseeing, or other services, defects in vehicles, breakdown in equipment, strikes, theft, delay, cancellation, or changes in itinerary or schedules, or from any act or omission of KDavis Travels, LLC, its officers and employees, even if negligent, unless such act or omission constitutes intentional, willful, and wanton misconduct by KDavis Travels, LLC, its officers and employees.

I have and do hereby assume all the above risks and hold KDavis Travels, LLC, its officers and employees harmless and indemnify them from any and all liability, actions, causes of action, debts, claims, and demands of every kind and nature whatsoever which may arise from or in connection with this tour or my participation in any tour activities.

Any legal action that may arise in any way related to this agreement shall be brought only in courts located in Davidson County, Tennessee. This agreement will be construed under the laws of the State of Tennessee. It is also agreed in the event of any legal action, including but not limited to a lawsuit being instituted, the prevailing party shall be entitled to reasonable attorney's fees and costs.

The terms of the Release and Assumption of Risk shall bind or benefit, as the case may be, the heirs, assigns, executors, and administrators of myself and of KDavis Travels, LLC.

Name: _____ Date: _____

Address: _____ Age (if under 21) _____

City/State/Zip _____ Phone () _____

Signature: _____

Signature of Parent /Guardian needed if under 21 yrs _____

IN CASE OF EMERGENCY, contact: Name: _____

Address: _____

Tel # (day) _____ (night) _____