

CONFIRM or DROP form

Best Of The West, Grand Canyon XII



INSTRUCTIONS: Fill this form to drop or confirm to this trip.

TO CONFIRM: Use one form for each hiker to participate in this trip.

TO DROP: Use one form for each hiker or couple and fill just the DROP part .

Name(s): (please print) _____ Date: MM/DD/YYYY

_____ DROP ME/US FROM THIS TRIP

_____ Apply my/our deposit(s) to Training Partner fee(s) OR _____ Send refund of deposit

_____ CONFIRM ME FOR THIS TRIP

Enclosed is my check no. _____ for \$ _____ (\$2,095 D/O \$2,475 S/O due after deposit)

_____ CREDIT CARD: I paid by credit/debit card by PayPal and paid the processing fee (~3.7%)

_____ SWEAT TOP: _____ M/F Size _____ I am sending this by the March 12, 2022 deadline

TEST HIKES & ELITE HIKERS

(Some hikes on this trip are only recommended for Elite Hikers)

_____ I want to qualify as an Elite Hiker at the TEST HIKES. (These hikes are mandatory for me.)

_____ I will participate in the TEST HIKES as a destination hike. (These hikes are optional for me.)

TRIP PREFERENCES

_____ SEP 16-25: _____ 1st choice _____ 2nd choice _____ Cannot go on these dates.

_____ SEP 26-OCT 7: _____ 1st choice _____ 2nd choice _____ Cannot go on these dates.

COMMENTS: _____

REFUND POLICY & INSURANCE

_____ I have read the *Refund Policy* and understand that by necessity it is on a sliding scale.

_____ I understand that *Trip Cancellation Insurance* is the only way to assure a full refund if I drop later on. (See the insurance help page on our website with links to websites that are devoted to explaining and rating different plans as well as links to companies that sell travel insurance.)

CAIRN STONE ADVENTURE TOURS, LLC ASSUPTION OF RISK AND RELEASE FROM LIABILITY

In consideration of your acceptance of me as a paid participant on this trip I,

_____ ,

intending to be legally bound, do hereby for myself, heirs, executors and administrators waive and release forever all rights, claims or damages I may have against Cairn Stone Adventure Tours, LLC for any and all injuries I sustain while participating in the activities to prepare for and activities of the trip and while traveling to and from the trip to Arizona and Utah. I also agree with the COVID 19 protocol that if I test positive for COVID 19 during the trip, I will isolate myself and drop out of the trip and will assume the cost of all lodging and travel expenses for the remainder of the trip.

Name: (please print) _____

Signature: _____ Date: MM/DD/YYYY

Mail to: *Cairn Stone Tours payments, c/o Tim Calhoun, 437 Dune Ridges, St. Joseph, MI 49085*