



Life Enriching, One Tour at a Time!

**Tours/Trips Registration and Terms/Conditions/Waiver Information Form**  
**All Tours/Trips are Non-Smoking**

**Dear Traveler:**

We are delighted that you will be traveling with us. Each traveler needs to fill this form for confidential use by the tour directors.

**Name of Tour/Trip:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

**PLEASE FILL (TYPE OR PRINT) THIS FORM AND RETURN IT TO:**

***YOUR INFORMATION:***

**Name:** \_\_\_\_\_ **Home Ph:** \_\_\_\_\_ **Bus/Cell:** \_\_\_\_\_  
(As it appears on your government issued ID, such as passport and/or driver's license)

**Address:** \_\_\_\_\_ **City/ST/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date of Birth: Month** \_\_\_\_ **Date** \_\_\_\_ **Year** \_\_\_\_

**Gender: Male** \_\_\_\_ **Female** \_\_\_\_

**Name on the Name Badge** \_\_\_\_\_

**Occasion Celebrating (birthday/anniversary) on this trip** \_\_\_\_\_

***ROOMING INFORMATION:***  
*(if applicable)*

**ROOM: Single** \_\_\_\_ **Double** \_\_\_\_ **Triple/Quad** \_\_\_\_ (2 Queens only) **Need Roommate** \_\_\_\_

**Rooming with: Name:** \_\_\_\_\_

***EMERGENCY, CONTACT:***

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

**Allergies to medication/food, and any Health/Medical Problem(s):**

\_\_\_\_\_  
\_\_\_\_\_

**DEPOSITS and PAYMENTS INFORMATION:**

**\*\* Make all deposits and final payments to: GDP Tours.**

**Mailing Address: P. O. Box 363, Billings, MT 59103.**

**Deposit Amount:** \_\_\_\_\_

**Travel Insurance/Protection Amount:** \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

**Final Payment Due Date:** \_\_\_\_\_

**CANCELLATION POLICY:**

- If you cancel 90-60 calendar days before departure, you will forfeit amount equal to the deposit paid.
- If you cancel 59-30 calendar days before departure, you will forfeit 50% of gross fare.
- If you cancel 29 calendar days or less before departure, you will forfeit 100% of gross fare.

**WAIVER INFORMATION:**

In consideration of being allowed to attend & participate in the above named tour/trip, I agree to hold harmless and forever release Group Destination Planners, LLC, GDP Tours, Adult Resource Alliance, City of Billings Community and Senior Center, Billings Senior Citizens, Inc., and all affiliates, their agents, and employees from any and all cause or causes of action, claims, costs, and liabilities of any kind, nature or description involving or relating to any and all harm, injury or damage suffered or sustained by me in any manner arising out of this tour/trip. This "hold harmless/release" applies to my heirs, personal representatives, successors and assigns.

Group Destination Planners, LLC DBA GDP Tours is not able to assume liability for any loss or damage due to breakage or theft caused by air or land carriers and/or hotel handling. Additionally, we are not able to accept responsibility for losses or damages to personal property or for injuries, illnesses, expenses or damages incurred by any tour member.

Tour Director(s)/Manager and the Motor Coach/Bus Driver are not responsible for the transport or storage of wheelchairs or scooters, including assembling or disassembling. A traveling companion will be required if you need assistance with any special needs equipment brought on tour.

*'I further certify that I am in sufficient health and independently capable of making this tour/trip.'*

*I have read the above information and agree to the terms and conditions of the travel arrangements.*

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**