

# ExitUs Travel Services

EXITUS TRAVEL SERVICES 10006 Cross Creek Blvd. #460 Tampa FL 33647-2595  
813-929-3373 Fax: 813-994-9814 Email: [exitus@pacbell.net](mailto:exitus@pacbell.net) CST#2032660-40

## Passenger Registration Form - Passport and Emergency Information HOLMAN IN MISSION TOGETHER SOUTH AFRICA NOVEMBER 28, 2014

**PLEASE PRINT**

(1) Mr. Mrs. Ms (Circle One) \_\_\_\_\_  
(As appears on the passport) **First** **Middle Initial** **Last**

(2) Mr. Mrs. Ms (Circle One) \_\_\_\_\_  
(As appears on the passport) **First** **Middle Initial** **Last**

Home Address: \_\_\_\_\_  
Street Address City State Zip

Telephone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Passport Information: Scan copy of passport and email to [exitus@pacbell.net](mailto:exitus@pacbell.net)**

Name (1): First	Last	Name (2): First	Last
_____	_____	_____	_____
Birth Date	Place of Birth	Birth Date	Place of Birth
_____	_____	_____	_____
Passport Number	Place of Issue	Passport Number	Place of Issue
_____	_____	_____	_____
Date Issued	Date expires	Date Issued	Date expires
_____	_____	_____	_____

**In case of emergency please notify: (person not traveling with you)**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Day Phone:** \_\_\_\_\_

**Evening Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

- Yes, I have read and understand the terms & conditions **X** \_\_\_\_\_ (signature)  
 Departure City \_\_\_\_\_ Seat Preference: A W Special Diet \_\_\_\_\_  
 T-Shirt Size Small Medium Large  X Large  XX Large XXX Large

**Payment Information:**  Initial Deposit (check only) Payable to ExitUs Travel Trust  
Or Holman UMC See Payment Plan Below.

### Per Person Payment Plan

- \$400.00 March 15, 2014
- \$500.00 April 28, 2014
- \$700.00 June 28, 2014
- Final Payment August 28, 2014**

A payment without registration form constitutes your understanding of terms and conditions. Cancel Penalties Apply



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**APPROVAL FOR USE OF CREDIT CARD**

**HOLMAN IN MISSION TOGETHER SOUTH AFRICA NOVEMBER 28-DECEMBER 14, 2014**

I, (We) \_\_\_\_\_

Hereby authorize ExitUs Travel Services or its elected Tour Company Supplier to charge My Credit card account listed below. I (we) agree that I will pay for all such purchases and will not hold ExitUs Travel Services or its elected Tour Company Suppliers responsible for actions pursuant to signature authorization. By signing the authorization form I (we) also waive and relinquish any and all right to charge back items against the credit card. **Note:** There might be a 4% exchange difference between the total charged on the credit card and the invoiced amount for US clients due to fluctuation of the exchange rate. The difference up to 4% will not be refunded.

The cardholder must sign this form in order for the charge to be processed. I have reviewed my itinerary and I verify that all information is accurate. If any information is incorrect, including but not limited to passport name, travel dates and city of departure, I understand that penalties, travel delays or cancellations may apply. I understand it is my responsibility to obtain the necessary documents for travel including passports, visas, or inoculations.

**I accept and agree to adhere to the group terms and conditions of this transaction. Visit [www.exitus-travel.com](http://www.exitus-travel.com) regarding additional information, conditions, responsibilities and disclosures of tours.**

- I understand my credit card on file will **automatically** be billed according to group payment plan
- I (we) authorize ExitUs Travel to charge my card for Tour total amount listed below.
- I (we) understand a credit card charge fee of 3% will be added to payment amount.  
(American Express card fee is 4%) per transaction.

**Card Type:**  Visa  MasterCard  American Express

**Payment amount \$** \_\_\_\_\_  Initial Deposit  Payment Plan  Full Payment

**Print name as appear on credit card**

**Credit card number** \_\_\_\_\_ **(CVS) Security** \_\_/\_\_/\_\_/\_\_/\_\_/

**Expiration** \_\_/\_\_(month) (year) **Signature of Cardmember X** \_\_\_\_\_  
(Signature)

**Billing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Phone Number

Email:

Your signature authorizes ExitUs Travel Services or its Tour Company to debit the credit card for travel arrangements for person(s) whose names are listed above. Your credit card statement is your receipt and best proof of payment. Payment constitutes your understanding of the terms and conditions. Third party credit cards are not accepted.



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## RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, \_\_\_\_\_, **HEREBY ACKNOWLEDGE** I am aware that during my participation in an Exit *Us* Travel tour program, certain risks and dangers may arise. Including, but not limited to, the hazards of traveling in undeveloped areas, travel by boat, train, automobile, tour buses, aircraft or other means of conveyance, the forces of nature, political unrest and accident or illness in remote regions without means of rapid evacuation or medical facilities. I am also aware and clearly understand that Exit*Us* Travel Services will not have liability regarding provision of medical care or the adequacy of any care that may be rendered.

**I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS. AS LAWFUL CONSIDERATION** for the agreement with Exit *Us* Travel Services to participate in such trips and activities, I hereby agree that I will not make a claim against Exit *Us* Travel Services; or sue for bodily injury, emotional trauma, death and/or property damage, however caused, as a result of my participation in the tour program. I therefore release Exit *Us* Travel Services and its employees for any and all claims, actions and demands which are known or unknown, that I may have arising from my participation in the tour program.

This Release of Liability and Assumption of Risk agreement is entered into on behalf of all members of my family, including minors accompanying me. This agreement is binding on my heirs, legal representatives and assigns. If any portion of this agreement is unenforceable, the remaining portions shall remain in full force and effect.

I have read and agree to the terms and conditions of this release and I acknowledge that I have read and agree to the company's General Terms and Conditions.

I understand that Exit *Us* Travel Services has travel insurance available for my purchase. This protects against losses resulting from trip cancellation or interruption, medical expense, emergency medical transportation and baggage/personal effects. Should I decline the offer of travel insurance, I understand that I am assuming any financial loss associated with my travel arrangements which otherwise may have been covered by travel insurance.

Note: Each Traveler, including couples traveling together, must individually sign a copy of this agreement. Scan and email, or mail to the above address, do not FAX.

**SIGNATURE OF PARTICIPANT**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

**NAME**

**ADDRESS**

**CITY/ STATE/ ZIP CODE**

\_\_\_\_\_

SCAN AND EMAIL FORM [TO exitus@pacbell.net](mailto:TO exitus@pacbell.net) or call in payment