

PHOTOGRAPHY WORKSHOP REGISTRATION FORM

Please complete and sign this registration form and return by email to ignacio@iptravelphotography.com.au
Workshop Deposit to: Ignacio Palacios, Westpac BSB: 732298 Account No.: 593702 Swift Code: WPACAU2S

Photographic Workshop:

Your Name:

Do you wish to book a private room or shared accommodation*: Yes No

**Note that a single supplement applies*

PERSONAL DETAILS

Name and Surname (as it appears in your passport):

Date of Birth (as it appears in your passport):

Nationality (as it appears in your passport):

Male Female

Name or Spouse/Partner travelling with you (if applicable):

Street Address: State/Region:

Post Code: Country:

Contact Phone Number (include Country and Regional Code if outside Australia):.....

Mobile Phone Number (include Country and Regional Code if outside Australia):

Email:

Additional information (e.g. dietary requirements, allergies, health issues):
.....
.....

I confirm that I hold or I will hold the **mandatory insurance**, inclusive of travel protection and medical emergency evacuation insurance prior or on the Date of Departure. IP Travel Photography recommends participants to purchase a **travel protection insurance** prior to paying the first deposit.

I confirm that that I have read and understand the Terms and Conditions, Health Considerations in the Workshop Itinerary that can be downloaded from www.iptravelphotography.com.au

Signature: Date:

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PASSPORT DETAILS

Name (as it appears in your passport):

Passport Number:

Nationality:

Date of Issue:

Date of Expiry:

EMERGENCY CONTACT DETAILS

Name:

Relationship to you:

Street Address: State/Region:

Post Code: Country:

Telephone Number:

Email:

Terms of REGISTRATION

I am aware that by participating in this photography workshop there could be risks and dangers while travelling to remote areas. These could include loss and damage of property, illnesses, personal injuries and death. These accidents could be a consequence of diseases, food-related issues, climate, forces of nature, wildlife, quarantine, robbery, political instability, terrorism, strikes, government restrictions, strikes, and travel accidents whilst walking on foot, car trips, airplanes, boats/ship, four-wheel drive or other types of transportation. I assume all such risks and I hereby release IP Travel Photography from any and all liability actions, claims and demands of every kind that might arise in connection with the activities offered in this workshop. I have read and I agree to the conditions in the detailed itinerary including the sections on terms of payment, insurances, cancellations, refunds, fitness, health considerations and terms and conditions. I understand the document and I agree to be bound by its contents. By signing this document I am waiving (to the fullest extent permitted by law) all claims that I might have against IP Travel Photography in respect of any loss or injury as a direct/indirect consequence of participating in this photography workshop.

I have read this document and the detail itinerary and I understand it and I agree to be bound by its contents.

Name (please print clearly using capital letters):

Signature: Date:

Please sign both pages. A confirmation of your booking will be sent to you by email upon receipt of the deposit and a completed Registration Form. By signing this form you give permission to IP Travel Photography to use images of footage taken during the tour for promotional purposes unless otherwise noted by the participant. Any images/videos of the participant will be given to the participant if requested.