

**TOUR REGISTRATION WAIVER OF LIABILITY AND RELEASE**  
Required For Each Tour Participate

*For information and Reservations please call:*  
**Roberta Valdez 951-760-0977 & 714-395-6745**  
[Roberta@alegretours.com](mailto:Roberta@alegretours.com) & [Rvaldez714@hotmail.com](mailto:Rvaldez714@hotmail.com)

**PLEASE FILL OUT ALL INFORMATION and email back.**

**TOUR:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*Sharing with:*

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
*(Please print clearly)*

**Occupancy: Single:** \_\_\_\_\_ **Dbi:** \_\_\_\_\_ *(On request only): King Bed* \_\_\_\_\_ **2 Beds** \_\_\_\_\_

**COST PP: Double occupancy \$** \_\_\_\_\_ **Single Occupancy \$** \_\_\_\_\_

**\*\*DEPOSIT: \$** \_\_\_\_\_ **Date:** \_\_\_\_\_ **BAL. DUE \$** \_\_\_\_\_

*\*\*\$200 deposit required \$100 non-refundable if canceled.  
Cancellations 30 days prior to departure- no refunds.*

*In consideration of my participation in the tour/s organized by Alegre Events & Tours, Roberta Valdez, I hereby release Alegre Events & Tours, Roberta Valdez, Volunteers, staff, guides, participates, sponsors, from all claims, actions or demands for personal injuries, death or property damage which I may sustain in any manner from my participation in the tour or any event associated with the tour.*

*The provider assumes no responsibility for illness or injury of how sustained.*

*I understand and acknowledge that Alegre Events & Tours, Roberta Valdez and or its staff provides NO insurance whatsoever to any tour participate and that it is my responsibility to obtain adequate insurance coverage.*

*I have carefully read this agreement and fully understand its contents. I am aware that it is a release of liability for me and on behalf of my heirs, assigns, personal representatives and next of kin. I sign it of my own free will and its entirety and understand I have given up substantial rights by signing.*

*I, the undersign, have read, understand and agree to this release and assumption of risks.*

**Name: (Please PRINT CLEARLY)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
*(Please print clearly)*