



REGISTRATION AND TRIP APPLICATION FORM

For journeys, trainings and workshops of The Golden Hummingbird, LLC

PLEASE PRINT! Please fill out and send or fax the following application along with the Release Form to Golden Hummingbird, LLC, 6451 Wild Blue Court, Summerlin, Las Vegas, Nevada, 89135, USA, E-Mail: office@goldenhummingbird.com or to the European office in Germany, Fax: ++49 911 8159649 or E-Mail: nicole.heidemann@nefkom.net. Please read carefully and make sure you understand all the following instructions:

NAME OF TRAINING: DATES:

PROMOTOR.....

NAME

PHONE FAX E-MAIL

ADDRESS

CITY STATE ZIP..... COUNTRY

PASSPORT# CITIZENSHIP.....

ISSUE DATE EXP. DATE

BIRTHDATE BIRTHPLACE SEX

You may pay by credit card (we accept AMEX, MasterCard and VISA) or wire the money directly to our bank or you may pay with PayPal, Revolut or Zelle. Please call or email for details. Deposits are refundable, except for a \$800 processing fee per person, if cancellation is received by June 01, 2025. Starting June 10, 2025, a cancellation fee of 50% of the total trip cost will apply. There are no refunds after July 3, 2025. The charge will be 100% of the total tour price. All cancellations must be in writing, and reach our office by the applicable cancellation date above. Since the cancellation terms must be strictly applied no matter the reason for cancellation, travel insurance/trip cancellation insurance is strongly recommended; this insurance includes coverage for cancellation in case of illness or death in the family. For International Travelers: Contact a local travel agency in your area for costs and details about the right travel insurance for you.

TYPE OF PAYMENT: CREDIT CARD WIRE.....

CREDIT CARD #: EXPIRATION DATE:

NAME ON CARD: SIGNATURE:

Who should we contact in the event of an emergency?

NAME:

TEL.: FAX: E-MAIL

ADDRESS

6451 Wild Blue Court . Summerlin, Las Vegas . Nevada 89135 . USA
Tel: ++1 (424) 343-0044 . mobile: ++491728619105 (Nicole)
e-mail: office@goldenhummingbird.com . homepage: www.goldenhummingbird.com

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Do you have any special needs or allergies? Please describe:

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Do you have any special dietary needs or preferences?

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Is there anything else you feel we should know about you before this trip?

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How did you hear about this tour?

Is there anyone else you would like us to contact with information about this tour or other Golden Hummingbird programs?

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Is there anyone you would recommend that we add to our mailing list?

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RELEASE AND HOLD HARMLESS AGREEMENT

In registering for the _____,
I acknowledge that there are risks involved with any adventure, travel and activity in the outdoors or workshop situations. I acknowledge these inherent risks, which include, by way of illustration and not limitation, the risk of injury or illness in places without medical facilities; the danger posed by the forces of nature; and the risk of accident by any means of transportation during travel. Knowing these risks, I hereby hold The Golden Hummingbird LLC harmless from all liability arising from or growing out of its actions as the trip provider and I also release The Golden Hummingbird, LLC, its agents, employees, officers and directors from all liability, actions, claims or demands for damages or expenses resulting from its and/or my participation in the trip. I acknowledge that this agreement is binding upon myself, my heirs, executors and administrators, members of my family and any minors I may bring with me.

I also agree that any medical expenses incurred, including emergency transportation will be my sole responsibility and that I will pay all expenses. I agree that I am responsible for my psychological well-being and that my entire participation in this journey will be of my own free will. I have no known physical or mental condition that would prevent or inhibit me from fulfilling this responsibility.

I understand that once this journey / workshop has begun, if I choose to leave at any time, for any reason, except for an extreme family emergency (in which case a partial refund will be considered) - that I will not receive any refund of moneys paid. I also understand that I am not entitled to a refund if for any reason I feel dissatisfied with the work during or after the workshop.

Should the participant have a history or serious psychological, psychotic or serious mental conditions that required psychiatric treatment within the last 3 years, these must provide evidence of official, medical clearance and prove stable, mental and emotional conditions through regular medication and treatment. Failing to do so will lead to immediate termination of participation, will not be re-admitted and not refunded. The participant is solely responsible for his expenses to return to his home or home country.

If at any time during the workshop the leader feels that any individual(s) within the group are psychologically or physically endangering the welfare of the group he reserves the right to have that person or persons leave the group. No refunds will be given in this case. Everything reasonably possible will be done to maintain a safe environment so that each person may receive the full benefit of the Journey.

I am also aware of the advisability of both travel and trip cancellation insurance. I have carefully read and I understand this legally binding agreement limiting liability and I sign of my own free will.

Signature

Date

Name (printed)

Training or Journey Name and Dates

Name of Minor

Signature of Parent or Guardian