

Reservation Form

Dear Traveler:

Please complete both sides of this form and sign it. All applicants must read and sign the Liability Release Form. Please use a separate form for each person in your party. Send this form with a \$500 deposit per person **payable to: Margarita Ramirez** (deposit refundable up to 60 days prior to departure, less \$250 per person handling fee; balance due 60 days prior to departure).

Please include a copy of the picture page of your passport with this registration form.

Your Full Name _____ (as it appears on your passport)	Nick Name _____
Mailing Address _____	Home Phone _____
City _____ State _____ Zip _____	Work Phone _____
Email _____	Other Phone _____

Passport Number _____	Expiration Date _____
Place of Issue _____	Issue Date _____
	Birth Date _____

In Case of Emergency Notify _____ (please list a person that will be reachable while you are traveling)	
Address _____	Home Phone _____
City _____ State _____ Zip _____	Work Phone _____
Relationship _____	Other Phone _____
Statement of Your Health/ Physical Limitations _____	

<input type="checkbox"/> Galway Package	<input type="checkbox"/> Dublin Post-Conference Excursion Package			
<input type="checkbox"/> I wish to room with _____				
<input type="checkbox"/> I will share a double room with: _____				
<input type="checkbox"/> 2 twin beds	<input type="checkbox"/> one queen bed	<input type="checkbox"/> Non-smoker	<input type="checkbox"/> Smoker	<input type="checkbox"/> I snore
<input type="checkbox"/> I prefer a single room if possible at an additional supplement of \$225.00				
<input type="checkbox"/> Dietary Restrictions _____				

All participants must sign the Medical Release and Liability Release on the other side of this form.

Assumption of All Risks and Release of Liability

I, _____, acknowledge that I have voluntarily applied to participate with Margarita Ramirez and Peadar Dalton and Traveling Matters, and any of their agents or employees on the journey as described. I am voluntarily participating with knowledge that travel to remote areas and/or to foreign countries involves numerous risks and dangers including, but not limited to: forces of nature; civil unrest; terrorism; roads; trails; hotels; vehicles, boats, or other means of conveyance which are not operated nor maintained according to United States standards; high altitude; accident or illness without access to means of rapid evacuation or availability of medical supplies; the adequacy of medical attention once provided; physical exertion for which I am unprepared; consumption of alcoholic beverages; or negligence on the part of all participants, leaders, managers, or others. I acknowledge that the enjoyment and excitement of adventure travel is derived from the inherent risks incurred by travel and activity beyond the accepted safety of life at home or work, and that these inherent risks contribute to such enjoyment and excitement, being reasons for my voluntary participation. As lawful consideration for being permitted to participate on the journey listed above, I hereby accept any and all risks of illness, injury, death or emotional trauma. I hereby agree that I, my heirs, legal representatives, or members of my family will not make a claim or sue the above mentioned persons or any of their affiliated agents or employees for bodily injury, death, emotional trauma or property damage resulting from my participation in the journey. I therefore release and discharge the above mentioned persons or any of their affiliated agents or employees from and against any and all liability arising from my participation in the journey described.

Initial here _____

KNOWING AND VOLUNTARY EXECUTION

I further understand that cancellations received 60 days prior to the departure date are subject to a \$250 cancellation fee. I have carefully read and understand the contents of this agreement. I am aware that this is a release of liability and a legally binding and enforceable contract between myself, Margarita Ramirez and Peadar Dalton and Traveling Matters, and any agents there of and sign it of my own free will. If any portion of this agreement is unenforceable, the remaining portions shall remain in full force and effect. In the unlikely event a legal dispute should arise involving any subject matter whatsoever, I agree that the following conditions will apply: (a.) the dispute shall be settled by binding arbitration through the American Arbitration Association at San Francisco, California; (b.) the dispute will be governed by California law; and (c.) the maximum amount of recovery to which I will be entitled under any and all circumstances will be the land cost of my trip.

Initial Here _____

I AM AWARE OF, FULLY UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THE ASSUMPTION OF ALL RISKS AND RELEASE OF LIABILITY .

Signature _____ Date _____

Medical Release/Trip Cancellation Insurance

I, _____, acknowledge that I have voluntarily applied to participate with Margarita Ramirez and Peadar Dalton and Traveling Matters, and any of their affiliated agents or employees on the journey listed above. I understand the cost of emergency medical treatment is the responsibility of the individual participant. If my own medical insurance does not cover over seas emergency medical and evacuation, I am strongly encouraged to obtain travel insurance which will cover medical and trip cancellation.

For Travel Insurance Rates and Information: Travelex 800.228-9792 or Trip Assist 800.284.8300.

My Medical Provider _____ Policy Number _____

Phone number to call insurance provider while overseas _____

Signature _____ Date _____