

Traveling Matters Italy: Treasures of Tuscany

October 5-17, 2010

Reservation Form

Dear Traveler: We are delighted you will be traveling with us. Please complete and sign the Reservation, Liability & Medical Release Forms. Mail a \$500.00 non-refundable deposit to Traveling Matters or Margarita Ramirez. Please include a copy of the picture page of your passport with this registration form. Balance of trip cost is due sixty (60) days prior to departure date. At 60 days the final payment is non-refundable. In the unlikely event of a journey cancellation by Traveling Matters, all payments are refundable.

Full Passport Name _____ Nickname _____

Passport Number _____ Expiration Date _____

*Passport must be valid for six(6) months beyond journey return date. Birth Date _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____ Mobile Phone _____

Email _____

I will room with _____
Name of Roommate

One room for two people with two twin beds

One room for two people with one double or queen bed

One Single Room. I understand there is an additonal charge of \$_____ to occupy a room on your own.

Please provide the name of a person that will be reachable while you are traveling:

Name: _____

Email: _____ Home Phone _____

City _____ State _____ Work Phone _____

Relationship _____ Other Phone _____

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

Medical Form and Release of Liability

In case of an emergency the following information may be useful for us to know. This form MUST be completed and returned prior to the departure date. NOTE: This information is confidential.

1. Do you have any severe allergies to food or medication? Yes_____ No_____ If Yes, please explain.

2. Are you currently taking any prescribed medication that Traveling Matters would need to be aware of in the case of a medical emergency?

3. Are you able to participate in normal group activities? (For example, walking on uneven terrain, climbing steps, getting up and down bus steps, etc.) Please explain any limitations.

Travel Insurance

We highly recommend that you purchase travel insurance. *Insurance should be purchased immediately* after you make a deposit for the land portion of the journey. This is especially important if you have a pre-existing medical condition that needs to be covered. Delay in travel insurance may exclude coverage for a pre-existing condition.

Your airline tickets are purchased separately and may come with insurance as part of the air fare.

Contact us for questions and recommendations about travel insurance at 707 939-7638.

Please provide us below with the name and policy number of your Travel Insurance Provider

Medical Release

I understand that parts of the journey to Italy could be physically or emotionally demanding at times. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness or ability to participate in activities. I recognize the inherent risk of injury or disability in physical activity. I understand that each participant must assume the risk of physical injury that could result from any of the activities. I understand that the journey and itinerary is flexible and may change due to weather or other reasons. I release Margarita Ramirez of Traveling Matters, and her agents from all liability for any injury or tort, implied or otherwise to me from participation in the journey to Italy.

Participant's Signature

Date

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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 if I cancel within 60 days prior to the departure date there will be no refund of any fees paid. 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 _____