

# RKID Journey through Southwest Ireland

## June 25-July 6, 2007

### 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, c/o Traveling Matters** (deposit refundable up to 90 days prior to departure, less \$250 per person handling fee; balance due 75 days prior to departure).

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 provide the name of 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"/> I wish to room with _____
<input type="checkbox"/> I prefer to share a room with: <input type="checkbox"/> 2 twin beds <input type="checkbox"/> one queen bed <input type="checkbox"/> Smoker <input type="checkbox"/> I snore
<input type="checkbox"/> I will share a triple room with: 3 twin beds <input type="checkbox"/> Non-smoker
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 traveling Matters , Margarita Ramirez, and any of her 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 90 days prior to the departure date are subject to a \$250.00 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, Traveling Matters and Margarita Ramirez, 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 any of her 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; Trip Assist 800.284.8300.**

My Medical Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone number to call insurance provider while overseas \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_